

**REGIONAL MUTUAL AID EVENT AGREEMENT**

**PART I: REQUEST FOR ASSISTANCE**

Emergency or disaster event: \_\_\_\_\_

Requesting Party: \_\_\_\_\_

1. General description of the event:  
(Attach latest local Situation Report or summarize briefly.)
  
2. Identification of the emergency services function(s) for which assistance is needed (e.g., fire, law enforcement, emergency medical, transportation, communications, public works and engineering, building inspection, mass care, resource support, search and rescue etc.) and the particular type of assistance needed.
  
3. Identification of the public infrastructure system(s) for which assistance is needed (e.g., sanitary sewer, potable water, storm water systems, etc.) and the type of work assistance required.
  
4. The amount and type of personnel, equipment, materials, and supplies needed and a reasonable estimate of the length of time they will be needed:
  
  
  
  
  
  
  
  
  
  
5. Identify the Requesting Party's representative or point-of-contact.

Authorized Requesting Party Official: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

After completion of Part I, fax this entire three page form to the potential assisting party and to the Regional DDC : (210) 531-2205

**REGIONAL MUTUAL AID EVENT AGREEMENT**

**PART II: ASSISTANCE TO BE PROVIDED**

Assisting Party: \_\_\_\_\_

The request for assistance from \_\_\_\_\_ has been received.  
(Check one box only.)

Assistance can be provided as follows:

1. Personnel: (List primary point-of-contact/team leader and all personnel. Provide titles and Social Security #s for each. Be specific about the deployment related costs for which reimbursement will be requested. The assisting party agrees that it will not seek reimbursement from the requesting party for workers' compensation coverage or claims.)

2. Equipment:

3. Place of Arrival:

4. Estimated Date and Time of Arrival:

5. Estimated Date and Time of Departure:

6. The above terms and information have been coordinated with the Requesting Party's point-of-contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Assistance cannot be provided at this time. Briefly explain why.

Authorized Assisting Party Official: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

After completion of Part II, fax this entire three page form to the requesting locality and to the DDCEOC: (210) 531-2005.

**REGIONAL MUTUAL AID EVENT AGREEMENT**

**PART II: ASSISTANCE TO BE PROVIDED - CONTINUATION  
(OPTIONAL)**

**PART III: REQUESTING PARTY'S APPROVAL**

Assistance in accordance with the Statewide Mutual Aid Guidebook and the terms and conditions described in Part II of this agreement is hereby:    Accepted     Declined   
(Check only one box.)

Authorized Requesting Party Official: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

After completion of Part III, fax this entire three page form to the locality offering assistance and to the DDC EOC: (210) 531-2005.