## MILWAUKEE AMATEUR RADIO EMERGENCY SERVICE COMMUNICATIONS VAN REQUEST



## REQUESTOR INFORMATION

First Name	Last Name	Callsign

Address

City State Zip

Home Phone Cell Phone Work Phone

Fax E-mail

Today's Date

**EVENT INFORMATION** 

EVENT DATE EVENT NAME

DESCRIPTION

**EVENT LOCATION** 

EVENT START TIME END TIME

VAN ARRIVAL TIME VAN RELEASE TIME

THE USE OF THE VAN AND DRIVER IS FREE, HOWEVER THE COSTS OF FUEL AND EXPENDABLE MATERIALS USED MUST BE REIMBURSED. PLEASE IDENTIFY THE RESPONSIBLE PERSON / ORGANIZATION BELOW.

First Name Last Name Callsign

Address

City State Zip

Home Phone Cell Phone Work Phone

E-mail

GENERAL EVENT INFORMATION / VAN OPERATION INSTRUCTIONS

**ARES Assignment Information** 

E.C. Approval Date:

**Driver Assignment** 

First Name Last Name Callsign

Home Phone Cell Phone Fax

E-mail