

DISASTER RELIEF EQUIPMENT REQUEST

Office Use Only Request # Date Received:
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LOCATION OF REQUEST

Name of Church or Ministry:

Address:

(City, State and Zip Code)

LENGTH OF REQUEST

(Start and End Date)

(When will equipment be picked up and returned)

Association: _____

Name of AM: _____

Contact Person: _____

Phone Number: _____

E-Mail: _____

Fax Number: _____

Type of Equipment or Training Requested:

- Feeding Unit
- Shower/Laundry Unit
- Communications
- Chainsaw Unit
- Mud-Out Mold Remediation Unit

Describe the nature of use for the DR equipment and how many individuals will be serviced:

Qualifications Needed: There ***MUST*** be at least one individual available to operate the equipment that is on the State Disaster Relief Certified Volunteers list. If not, someone must become certified prior to picking up the DR Equipment and putting it into use. For the Feeding & Shower/Laundry Units appropriate vehicles with proper towing capacities required for 26' heavy trailers.

Effective 1 October 2009 there will be a \$50.00 user fee assessed for the use of DR Shower, Feeding Units, and Mud-Out Unit, \$25.00 fee for the Chainsaw and Communication Units. This fee is for the fair wear & tear replacement and upgrades on the Units. Also no Unit may be kept for more than 2 weeks/14 days unless there are no other requests for the Unit in question. All first time requests are on a first come basis. For a continuation beyond 14 days the second request must be received no earlier than 30 days prior to picking up or retaining the Unit. There will be a \$25.00 user fee for each consecutive use for over 14 days. Make checks payable to MT SBC Disaster Relief.