



Utah Statewide Mutual Aid Act (SMAA) Mission Request Form

Part I: Requesting Jurisdiction

Requesting Jurisdiction: _____ Date/Time: _____

Contact Person: _____ Phone: _____ Fax: _____

Event/Mission Number: _____

Assistance/Resources Needed: (Include Date and Time Resources Needed and Staging Area for Reception. Attach separate sheet for more space)

Date & Time Resources Released: _____

Statement of Authority By: _____

Name/Title

Signature

Part II: Responding Jurisdiction

Responding Jurisdiction: _____ Date/Time: _____

Contact Person: _____ Phone: _____ Fax: _____

Assistance/Resources Available: (Include Date and Time Resources Available)

Approximate Total Cost of Deployment for Which Reimbursements will be requested
(Consider Personnel Costs, Travel Costs, Equipment Costs, and Other Costs: (Provide detail)

\$ _____

Assistance/Resources Authorized By: _____

Name/Title

Signature