

**HOWARD COUNTY EMA**  
120 EAST MULBERRY STREET – ROOM 6  
KOKOMO, IN 46901

765. 456.2242 – OFFICE

[hcema@co.howard.in.us](mailto:hcema@co.howard.in.us)

765. 456.2252 – FAX

**ASSISTANCE REQUEST**

DATE REQUEST MADE \_\_\_\_\_

ORGANIZATION REQUESTING ASSISTANCE \_\_\_\_\_

PERSON MAKING REQUEST \_\_\_\_\_ PHONE # \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_

EVENT LOCATION \_\_\_\_\_

ADDRESS OF EVENT \_\_\_\_\_

DESCRIPTION OF EVENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT DO YOU WANT US TO DO FOR YOU?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT TIME DOES EVENT START? \_\_\_\_\_ APPROXIMATE FINISH TIME \_\_\_\_\_

WHAT TIME DO YOU WANT OUR PEOPLE THERE? \_\_\_\_\_

ON SCENE CONTACT PERSON \_\_\_\_\_

CONTACT PERSON PHONE # \_\_\_\_\_

**THIS REQUEST SHOULD BE MADE 60 DAYS IN ADVANCE OF YOUR  
EVENT. DISCLAIMER – IF EMA IS REQUESTED FOR AN EMERGENCY  
CALL WE WILL NOT BE ABLE TO FULFILL YOUR REQUEST.**