

Request for Information

Hawaii County Civil Defense Agency

***Requested by:**

First Name: _____ Last Name: _____

***Requestor Address:** Street Address: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Cross Street / Landmark: _____ ***Requestor Phone:** (____) _____

***Requestor E-Mail Address:** _____

Call Log: Individual Taken the Call

***Reporting Party's Name:**

First Name: _____ Last Name: _____

Ham Radio Callsign if Applicable: _____ Time: _____ Date: _____

Reporting Party's E-Mail Address: _____

Incident: Detail Incident Description

***Detailed Request for Information:** _____

***Priority:** Life Safety Timely Response Routine Data

***Reported to 911?** No Yes - Fire Yes - Police Yes - EMS

Administrative: For Form User

***Message Sent to (Callsign):** _____ ***Date Sent:** _____ ***Time Sent:** _____

Sender Message Number: _____ **Receiver Message Number:** _____