

Tab - to move forward
Shift + Tab - to move backwards
Space Bar - to select

Request for Assistance

Hawaii County Civil Defense Agency

Click for Updates
(V1.5) 09/22/21

***Requested by:** Person Asking for Assistance

① First Name: _____ ② Last Name: _____

***Requestor Address:** ③ Street Address: _____

④ Address 2: _____

⑤ City: _____ ⑥ State: ____ ⑦ Zip Code: _____ ⑧ Country: _____

⑨ Cross Street / Landmark: _____ ⑩ ***Requestor Phone:** (____) _____

⑪ ***Requestor E-Mail Address:** _____

Call Log: Individual Taking the Call

***Reporting Party's Name:** Person Passing Traffic or Reporting the Incident

⑫ First Name: _____ ⑬ Last Name: _____

⑭ **Ham Radio Callsign if Applicable:** _____ ⑮ Time: _____ ⑯ Date: _____
24:00 HOUR MM/DD/YYYY

⑰ **Reporting Party's E-Mail Address:** _____

Incident: Detail Incident Description

⑱ ***Detailed Request for Assistance:** _____

⑲ ***Priority:** Life Safety Timely Response Routine Data

⑳ ***Reported to 911?** No Yes - Fire Yes - Police Yes - EMS

For SPOKE Use:

***Message Sent to (Callsign):** _____ ***Date Sent:** _____ ***Time Sent:** _____
MM/DD/YYYY 24:00 HOUR

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