Hawaii RFA (Request for Assistance)  Form Instructions		
This Report is an ● Exercise Message ○ REAL EVENT		
1. Incident Name:		
2. To (Name/Position): Required		
3. From (Name/Position): Required	4. Date: Required	5. Time: Required
6. Priority: Routine	7. Date/Time Needed: Required	
8. Point of Contact: Required	9. Date/Time Release: Required	
10. POC email: Required / none	11. Ph: Required	12. County:
13. Requester's Org: Required		
14. Location Coordinates: LAT LON		
LAT/LON default to the center of the grid square listed in Express Settings IF a GPS is not available, LAT/LON must be entered manually Without properly formatted GPS coordinates this form cannot be mapped in Winlink Express		
15. Description / Task: What do you need and why you need it (Required)		
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16. Remarks:  If you know what resources you need to accomplish this task or where the resources are located. Provide any details that can expedite this request.		
17. Delivery addr: Required		
18. Site POC: Required	19. Site 24hr Ph: Required	
20. Delivery Instructions: Required / none		
21. Approved by: Required Position / Title: Required		
Submit Reset Form		Ver 1.0