



# CITY OF BERKELEY - HHCS DOC

# RESOURCE REQUEST FORM

Please complete each page before submitting the form.  
 Submit this form via email to [HHCSDOC@cityofberkeley.info](mailto:HHCSDOC@cityofberkeley.info)  
 If you are unable to email the form, print and fax to  
 (510) 981-2309.

FOR HHCS DOC USE ONLY			
RECEIVED BY:	_____		
DATE:	_____	TIME:	_____

**INSTRUCTIONS:** This form should be used by facilities that are requesting resources that are “medical” in nature. This includes medical supplies, pharmaceuticals (medications, vaccines, antidotes, etc.), medical personnel, decontamination supplies, surge supplies, etc. This form is to be filled out completely and with enough detail that a non-medical logistics person would know EXACTLY what, and how much is needed. Please be as specific as possible. Indicate if a generic of similar product might suffice. This also assumes that there is an immediate need (not projected) and ALL avenues to procure material have been fully exhausted.

DATE (MM/DD/YYYY): \_\_\_\_\_ TIME (24hr format): \_\_\_\_\_

## FACILITY NAME AND CONTACT INFORMATION

Facility Name:	_____	Requestor:	_____
DOC/EOC/HCC Phone #:	_____	Requestor Phone #:	_____

## PRE-REQUEST INSTRUCTIONS (Checking the box indicates “yes”)

Do you have an immediate and significant need?	<input type="checkbox"/>
Have you exhausted your supply, or is exhaustion eminent?	<input type="checkbox"/>
Have you checked with your internal, corporate supply chain, and/or jurisdictional partners?	<input type="checkbox"/>
Have you checked for availability of supplies with your usual external vendors, and “new” vendors to procure material?	<input type="checkbox"/>

## DELIVERY LOCATION

Include Address and specific location (e.g. “loading dock in back of building”)

Street Address	City	Zip	Phone Number
_____	_____	_____	_____
Delivery Location Instructions	_____		

