

NASSAU COUNTY OFFICE OF EMERGENCY MANAGEMENT

STRATEGIC NATIONAL STOCKPILE DEPLOYMENT MATERIAL/EQUIPMENT REQUEST FORM

Please email to: oemlogistics@nassaucountyny.gov or fax to 516-573-0673

DATE	
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REQUESTING FACILITY

Agency/Department/Facility Name	
Street Address	
City, State, Zip Code	
Point of Contact	
Point of Contact Telephone Number	

REQUESTED ITEMS:

Item Name	Quantity Requested by Unit	Additional Information

NOTE: Every attempt will be made to fulfill the request as it has been specifically requested, but there is no guarantee that the items requested will be supplied in the specific manufacture, make, model and quantity as requested. OEM may substitute items of like kind and quantity and may limit the quantity provided depending on the amount of material in stock and the overall needs of the County.

I certify that the requesting Agency/Department/Facility has exhausted the local supply of the requested items; has attempted to obtain these items from retail and wholesale vendors without success; and that these items are critical to the operation of the requesting Agency/Department/Facility.

Signature

Name (printed):_____

