

SECTION D
CONTRACT DOCUMENTS, EXHIBITS, OR ATTACHMENTS

EXHIBIT D.2: RETARDANT ON DEMAND (ROD) REQUEST FORM

Incident Name: _____ Financial Code: _____

Resource Order #: _____ LTFR Product: _____

MRB Type: _____

I. Requested Date, Time, Estimated LTFR Product Requirement – first 48 hrs.

Date/time to begin operation: _____ / _____

Estimated tons of LTFR Product required for first 48 hrs: _____

<p><u>This Block for National Interagency Coordination Center Use Only</u></p> <p>Actual agreed upon Date/Time to begin operation: Date: _____ Time: _____</p>
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II. Location

Reporting location: _____

Contact person at the Incident: _____

III. Additional Information

Estimated Duration of Incident _____

Dispatch Contact: _____ Telephone Number: _____

National Interagency Coordination Center – 208-387-5400