

State of Texas Assistance Request (STAR)

(Latest Version as of 04/12)

Incident Name:	Initial Request Date / Time:	Requesting County:	Request #:
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Is this RR Tied to Another Request?	Other Tracking Numbers:
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Requested Item Description

Qty	Unit	Item Name	Detailed Item Description: (kind, type, characteristics, brand, specs, size, etc.)	Cost	Demob Item?

Justification / Purpose for Request:

When is this Resource Needed?	Estimated Timeframe of Need (how long will you need this resource?)
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Delivery Information

Waypoint Information

Point of Contact (POC) Name:	POC Telephone Number:	Facility Name:	Facility Zip:
Facility Address:	Facility City:	Facility State:	

Additional Instructions:

Final Destination

Point of Contact (POC) Name:	POC Telephone Number:	Facility Name:	Facility Zip:
Facility Address:	Facility City:	Facility State:	

Additional Instructions:

Requestor Information

Requested by Position (Name):	Requestor Email:	Requestor Phone Number:
Requestor Signature:	Date / Time:	

Updating Agency:

POC Name / Position:	Qty Filled:
Phone:	ETA:
Email:	Est. Cost:

1 Provider Notes:

Agency Approver Signature:	Date / Time:
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Updating Agency:

POC Name / Position:	Qty Filled:
Phone:	ETA:
Email:	Est. Cost:

2 Provider Notes:

Agency Approver Signature:	Date / Time:
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