Utah Statewide Mutual Aid Act (SMAA)  
Mission Request Form

Part I: Requesting Jurisdiction

Requesting Jurisdiction: __________________________ Date/Time: _______________

Contact Person: __________________________ Phone: __________________ Fax: __________

Event/Mission Number: _______________

Assistance/Resources Needed: (Include Date and Time Resources Needed and Staging Area for Reception. Attach separate sheet for more space)

Date & Time Resources Released: _______________

Statement of Authority By: __________________________

Name/Title

Signature

Part II: Responding Jurisdiction

Responding Jurisdiction: __________________________ Date/Time: _______________

Contact Person: __________________________ Phone: ______________ Fax: __________

Assistance/Resources Available: (Include Date and Time Resources Available)

Approximate Total Cost of Deployment for Which Reimbursements will be requested (Consider Personnel Costs, Travel Costs, Equipment Costs, and Other Costs: (Provide detail) $________________

Assistance/Resources Authorized By: __________________________

Name/Title

Signature