

Request for SES Shelter Space

Requesting County:

Request Date: Request Time:

Head of Household (HOH)/Group Leader: Total # in Party:

HOH/Lead Cell Phone:

Pre-Disaster Address: City:

# in Party Requesting Special Need:

Special Need Type (ex:  
ADA Room):

Pets #: Dogs Medium: Small: Cats: Other:

Large:

If other, please describe:

ESF 6 Use Only:

Received: Completed: Initials:  
(Date/Time) (Date/Time)

Placement Location:  
(Facility/City)

Arrival Date/Time: Departure Date/Time:

Total Nights: