

EVACUATION COT REQUEST

Request may be faxed to 608.261.6745 or emailed to dhsstockpile@wisconsin.gov. Include any other signed, necessary documentation with this request.

Evacuating Facility

Facility Name

City & Zip Code

Contact Name

Contact Telephone Number (cellphone preferred)

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Evacuation Location - Delivery Point

Location Building Name

Street Address

City & Zip Code

Name of Contact at Delivery Point

Contact Telephone Number (cellphone preferred)

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Request

ITEMS	Cots (2 per Box)	Back Rest (4 per Box)	Cot Sleep Pads (10 per Box)	Privacy Screens (1 per box)
Quantity Requested				

DPH Approval for Distribution

For Official Use Only - Wisconsin Division of Public Health

ITEMS	Cots (2 per Box)	Back Rest (4 per Box)	Cot Sleep Pads (10 per Box)	Privacy Screens (1 per box)
Approved Quantity				
Name of Authorized DPH Staff	Date	Time	Telephone Number	
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Evacuation Location - Shipment Receipt Acknowledgement

Location Building – Name

Name of Contact Receiving Delivery

Contact Telephone Number (cellphone preferred)

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Verification of Receipt

Verify Quantity of Items Received	Actual Quantity Received	Date	Time Received
SIGNATURE – Receiving Contact			