

Tribal Request for Emergency Deployment

Name of Tribe:
Tribal Chief Executive:
Tribal Coordinating Officer & telephone number:
Designation of Tribal Chief Executive's Representative & telephone number:
Population of Tribe:
Deployment period requested: Begin date: _____ End date: _____
Description of what has occurred (use additional sheets if necessary):
Description of impacts of this incident on community (use additional sheets if necessary):

Tribal Chief Executive Signature

Date