

Wisconsin Mutual Aid Compact (WiSMAC) Request Form

This form is intended for agencies who have signed WiSMAC agreements in place and should be submitted at the time of request. All requested information from the WiSMAC procedure is captured within this request form.

County/Tribe:

Name and phone number of individual requesting:

Please provide a detailed description of work to be completed such as damage assessment, public information, EOC support, etc.

To complete the work above, what systems or equipment will be utilized? Examples include, but are not limited to WebEOC, Survey123, or portable radios.

List of minimum qualifications, if any, your requesting from responding emergency managers.

Years of experience

Training completed

Building name and address people should report to upon arrival.

What is the work assignment location, if different from the reporting location.

Requested arrival dates(s) and time(s)

Current operational periods

Available shift assignment(s), if any

What is the expected duration of deployment?

How many total people are being requested?

Is there any required equipment, PPE, or related items responding emergency managers need to bring with? If yes, be specific.

What expenses, if any, are being provided by the requesting agency.

Lodging

Meals

Miles