Los Angeles County Operational Area
Disaster Communications Service

Activity Request

District: **Date:**

Activity:

DCS Incident Commander:

Date of Event: **Time:** **To Date:** **Time:**

Purpose of Activity:

Who's Requesting? Name: **Agency:**

How Will DCS Be Used:

Equipment / Modes of Communications Needed:

Will Food Be Available? ☐ **Yes** ☐ **No** **Cost: $**

Other Agencies Involved:

Approvals:

DCO: **Unit ID:** **Date:**

Executive Staff Officer Approvals:

Staff 10, 11 or 12: **Unit ID:** **Date:**

Staff 1: **Date:**