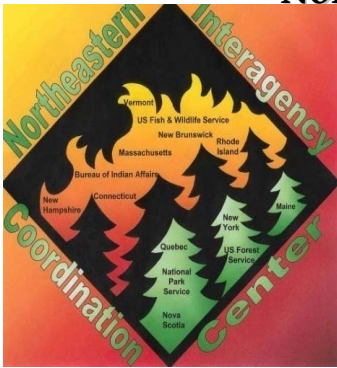


# Northeastern Interagency Coordination Center



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 Augusta, ME 04330

207.624.3724 –phone  
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## Dispatch Detail Request Form

Name	
Unit ID	
Employment Status	Regular Agency _____ AD _____ Self-Sufficient
Red Card Qualifications	
Mailing Address	
City, State, Zip Code	
E-mail	
Office Phone	(     )
Cell Phone	(     )

List availability periods in the following box. Please give preference to length of detail and if you are willing to do a combination of 1 and 2 week assignments.\*\*

Signature	
Date	

**\*\* Please be advised that all detail assignments depend upon activity. We can not guarantee a detail nor can we guarantee the amount of time your assignment will last.\*\***