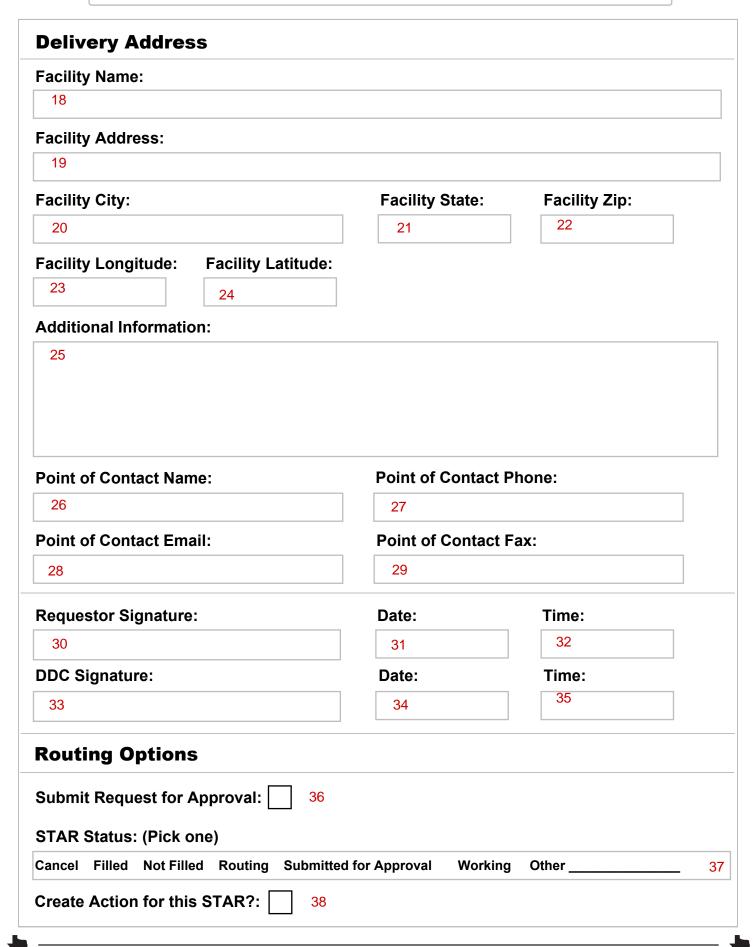
<b>—</b>	State of Texas Assistance Request (STAR)	
Type of Requ	uest: Live or Training 1	STAR Number: 2
Requesto	or Information	
Requested I	by Position and Name:	
3		- 4
Requestor F	Phone Number:	Requesting Entity (*):
5		6
Requestor E	Email:	Requesting City: (if Needed)
7		8
Description		
Request:		
9		
Quantity:	Unit: (Pick one)	
10	Case Each Gallon Pallet	Pound Ton Other 11
When Needed?:		For How Long?:
12		Consumable Resource
		Demob / Returnable Resource
		Number: / Unit of Time: (Hours, Days, Weeks, Months)
		14 15
Request De	scription:	
16		
_		
	n / Purpose of Request:	
17		







## **State of Texas Assistance Request (STAR) ACTION**



Fill Action Form			
Action Number:	Action Number:		
39	40		
Filler by Position and Name:			
- 41	42		
New Item: Qty Filled:			
43 44			
Unit: (Pick one)			
Case Each Gallon Pallet Pound Ton Other45			
Estimated Cost: Estimated Date / Time of Arrival:			
46	47		
Consumable Resource  Demob / Returnable Resource  Number: / Unit of Time: (Hours, Days, Weeks, Months)  50			
Phone Number:	Email:		
51	52		
Action Status: (Pick one)			
Cancel Filled Not Filled Routing Submitted for	Approval Working Other 53		
Notes:			
54			
Action Requestor Signature:	Date: Time:		
55	56 57		

## **Form Submission**

Please fill out form. Fax or mail printed STAR Requests with attachments together to the appropriate number or address. If City, send to County. If County, send to DDC. If DDC, send to SOC.