Milwaukee Amateur Radio Emergency Service
Communications Van Request

Requestor Information

First Name Last Name Callsign
Address
City State Zip
Home Phone Cell Phone Work Phone
Fax e-mail
Today's Date

Event Information

Event Date Event Name
Discription
Event Location
Event Start Time End Time
Van Arrival Time Van Release Time

ARES Assignment Information

E.C. Approval Date:

Driver Assignment
First Name Last Name Callsign
Home Phone Cell Phone Fax
e-mail

Event / Van Operation Comments

Please critique your event and the Communications Van operation: