

REQUEST FOR SUPPORT

ALL DATA WILL BE HANDLED ON A "FOR OFFICIAL USE ONLY" BASIS.

PURPOSE: This form will be used to make official requests for support from 3rd Marine Logistics Group Communication Strategy and Operations. The information is required to evaluate the event/operation/exercise/training for appropriateness and compliance with DoD policies and for coordination with the units involved. Please complete all section.

SECTION I - EVENT DATA

1. SPECIFIC REQUIREMENTS

Photography

Videography

Graphics

Other/General _____

2. DATE OF EVENT

(YYYYMMDD)

3. TIME OF EVENT

a. FROM:

b. TO:

4. REQUIREMENT DETAILS *(Detailed specifics relating to the event's purpose/mission, personnel and equipment involved, special considerations, VIP attendance, etc.)*

5. EVENT LOCATION

6. ADDRESS/DIRECTION

7. EVENT POINT OF CONTACT

a. NAME *(Include full name and rank.)*

b. ADDRESS/UNIT

c. PRIMARY PHONE

c. ALTERNATE PHONE

e. E-MAIL

SECTION II - LOGISTICS

(X appropriate box for each item.)

YES

NO

8. Will requesting unit provide transportation to/from the event/operation?

9. If longer than a day, will requesting unit support with shelter/chow?

10. If longer than a day, will unit provide electricity and internet capabilities?

11.a. Are there any other special circumstances to consider? *(ISOPREP, clearance, medical, etc.)*

11.b. Explain if yes.

12. REQUESTER INFORMATION *(Please print all contact information)*

a. NAME *(Include full name and rank.)*

b. ADDRESS/UNIT

c. PRIMARY PHONE

c. ALTERNATE PHONE

e. E-MAIL

SECTION III - CERTIFICATION *(CommStrat Company Only)*

13. I have reviewed this support request and have evaluated the event/operation/exercise/training for appropriateness and compliance with DoD policies. I have ensured proper coordination with the units involved. This event does _____ does not _____ support a larger communication objective.

a. SIGNATURE OF NCO/SNCO

b. DATE APPROVED

c. NAME/RANK