



Office of Emergency Management

WASHINGTON COUNTY MISSISSIPPI

Washington County Emergency Management Generator Request

(Use a Separate Form for Each Generator Needed)

Date: _____

Time: _____

I. Person Requesting: _____

II. Representing/For: _____

III. Facility Name: _____
Location: _____

IV. Facility Mgr./ Point of Contact: _____
Tel. No.: _____

V. Site Information: Generator Inside Building Generator Outside Building
Electrician Available: On-Site On Call

Directions to Site:

VI. A. Generator Specifications:

1. Kilowatts (KW): _____ (W = V x A) (KW = 1000W)
2. Amperes (Amps): _____ (Kw = HP x .7457 or 1.5 to start)
3. Volts (V): _____
4. Phase Single 3-Phase Wye 3-Phase Delta Other

B. Engine Fuel: Gasoline Diesel Fuel Natural Gas LP Gas

VII. Other Information/ Problems (Access/ Entry, Dangerous Areas, Etc.)
