



Wheatland Regional Emergency Management Partnership Resource Registration Form

Name of Registered Owner/Company:	
Contact Name:	
Address:	Postal Code:
Phone:	Email:

Description of Resources that can be provided:

Please fill out the appropriate table below:

Equipment Registration (*Please fill out one table per resource.*)

Equipment Type	
Year	
Make & Model	
Capacity	
GVW (kg)	
Hourly Rate	\$
Daily Rate	\$

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Capacity	
GVW (kg)	
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Capacity	
GVW (kg)	
Hourly Rate	\$
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Lodging Services (Please fill out one table per resource.)

Lodging Type	
Building Capacity	
Employee Capacity	
Supply Overstock	
Parking Capacity	
Number of Rooms & Beds	
Room Rates	\$

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Food Services

Restaurant/ Catering Type	
Type of food	
Max Capacity of meals	
Price Range for meals	\$
Delivery ability	

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Type of food	
Max Capacity of meals	
Price Range for meals	\$
Delivery ability	

Volunteer Services *(Please fill out one table per resource.)*

Name (First & Last)	
Phone Number	
Email	
Experience/Qualifications	

Name (First & Last)	
Phone Number	
Email	
Experience/Qualifications	

Name (First & Last)	
Phone Number	
Email	
Experience/Qualifications	

Name (First & Last)	
Phone Number	
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