



## Event Request Form

<b>Agency Name:</b>	
<b>Requester Name:</b>	<b>Requester phone:</b>
<b>Contact during event:</b>	<b>Contact Phone during event:</b>
<b>Description of Event:</b>	
<b>Coverage Area Required: (City, County, or Statewide) Provide Justification for Statewide below</b>	
<b>Event Time and Date Needed:</b>	<b>Est. Time and Date Event No Longer Needed:</b>
<b>Encryption Needed</b> <input type="checkbox"/> <b>CKR 152 (DES) (I and J zones)</b> <input type="checkbox"/> <b>CKR 1669 (AES) (L zone)</b>	<b>Law Enforcement Only TG Needed (I-Zone)</b> <input type="checkbox"/>
<b>Emergency Alerts monitored by agency with RCM?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Emergency Alert Agency Email:</b>
<b>Other/Statewide Justification:</b>	
<b>NCC Personnel Only</b>	
<b>Talkgroup Name:</b>	<b>EAM Job Ticket #:</b>

**Warning! Emergency Alerts are the responsibility of the requesting agency.**

**County Special Event Talkgroups (SPEV, COM, EMER) should be utilized before requesting Event Talkgroup.**

**If requesting multiple Event Talkgroups, an ICS-205 Communication Plan must be included.**

Email to the Network Communications Center (NCC) at [mpscs-ncc@michigan.gov](mailto:mpscs-ncc@michigan.gov)

To reach the NCC, please call (517) 333-5050 or (888) 554-4622

Form available online: <http://www.michigan.gov/mpscs>

<b>1. Incident Name:</b>	<b>2. Date/Time Prepared:</b> Date: Time:	<b>3. Operational Period:</b> Date From:                      Date To: Time From:                      Time To:
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**6. Prepared by** (Communications Unit Leader): Name: \_\_\_\_\_ Signature: \_\_\_\_\_