

SPOT REQUEST

(See reverse for instructions)

Please call the NWS Weather Forecast Office (WFO) when submitting a request and also after you receive a forecast to ensure request and forecast were received.
Please provide feedback to WFO on forecast.

1. Time†	2. Date	3. Name of Incident or Project	4. Requesting Agency
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5. Requesting Official	6. Phone Number	7. Fax Number	8. Contact Person
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9. Ignition/Incident Time and Date	12. Reason for Spot Request (choose one only)	13. Latitude/Longitude:
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10. Size (Acres)	14. Elevation (ft, Mean Sea Level) Top: _____ Bottom: _____	15. Drainage
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11. Type of Incident <input type="checkbox"/> Wildfire <input type="checkbox"/> Prescribed Fire <input type="checkbox"/> Wildland Fire Use (WFU) <input type="checkbox"/> HAZMAT <input type="checkbox"/> Search And Rescue (SAR)	12. Reason for Spot Request (choose one only) <input type="radio"/> Wildfire <input type="radio"/> Non-Wildfire Under the Interagency Agreement for Meteorological Services (USFS, BLM, NPS, USFWS, BIA) <input type="radio"/> Non-Wildfire State, tribal or local fire agency working in coordination with a federal participant in the Interagency Agreement for Meteorological Services <input type="radio"/> Non-Wildfire Essential to public safety, e.g. due to the proximity of population centers or critical infrastructure.	17. Sheltering <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Unsheltered
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18. Fuel Type: Grass Brush Timber Slash Grass/Timber Understory Other
 Fuel Model: 1,2,3 4,5,6,7 8,9,10 11,12,13 2,5,8

19. Location and name of nearest weather observing station (distance & direction from project):

20. Weather Observations from project or nearby station(s): (Winds should be in compass direction e.g. N, NW, etc.)

Place	Elevation	†Ob Time	20 ft. Wind		Eye Level Wind		Temp.		Moisture		Remarks (Relevant Weather, etc)
			Dir	Speed	Dir	Speed	Dry	Wet	RH	DP	

21. Requested Forecast Period Date Start _____ End _____ Forecast needed for: <input type="checkbox"/> Today <input type="checkbox"/> Tonight <input type="checkbox"/> Day 2 <input type="checkbox"/> Extended	22. Primary Forecast Elements (Check all that are needed) <i>(for management ignited wildland fires, provide prescription parameters):</i> Needed: Sky/Weather <input type="checkbox"/> Temperature <input type="checkbox"/> Humidity <input type="checkbox"/> 20 ft Wind <input type="checkbox"/> Valley <input type="checkbox"/> Ridge Top <input type="checkbox"/> Other (Specify in #23) <input type="checkbox"/>	23. Remarks (other needed forecast elements, forecast needed for specific time, etc.)
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24. Send Forecast to: ATTN:	25. Location:	26. Phone Number: Fax Number:
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27. Remarks (Special requests, incident details, Smoke Dispersion elements needed, etc.):

EXPLANATION OF SYMBOLS: † Use 24-hour clock to indicate time. Example: 10:15 p.m. = 2215; 10:15 a.m. = 1015
 Indicate local standard time or local daylight time