

**SECTION D**  
**CONTRACT DOCUMENTS, EXHIBITS, OR ATTACHMENTS**

**EXHIBIT D.2: RETARDANT ON DEMAND (ROD) REQUEST FORM**

Incident Name: \_\_\_\_\_ Financial Code: \_\_\_\_\_

Resource Order #: \_\_\_\_\_ LTFR Product: \_\_\_\_\_

MRB Type: \_\_\_\_\_

**I. Requested Date, Time, Estimated LTFR Product Requirement – first 48 hrs.**

Date/time to begin operation: \_\_\_\_\_ / \_\_\_\_\_

Estimated tons of LTFR Product required for first 48 hrs: \_\_\_\_\_

<p><u>This Block for National Interagency Coordination Center Use Only</u></p> <p>Actual agreed upon Date/Time to begin operation: Date: _____ Time: _____</p>
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**II. Location**

Reporting location: \_\_\_\_\_

Contact person at the Incident: \_\_\_\_\_

**III. Additional Information**

Estimated Duration of Incident \_\_\_\_\_

Dispatch Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**National Interagency Coordination Center – 208-387-5400**