

Request Order

Request # \_\_\_\_\_  
MHOAC Assigned

For Personnel, Supplies, Equipment, Pharmaceuticals

Facility: \_\_\_\_\_  
Facility Requesting

**Plumas County MHOAC**  
**Tina Venable, DON**  
Office Ph: 530-283-6346  
24/7-Email:  
tinavenable@countyofplumas.com

Requesting Name/ Phone #: \_\_\_\_\_

Fax: \_\_\_\_\_ email: \_\_\_\_\_

Date and Time of Request: \_\_\_\_\_

Date and Time Item(s) are required: \_\_\_\_\_

How long are Items Required? \_\_\_\_\_

Location to be delivered and contact \_\_\_\_\_  
Street / Bldg No / Room No & Contact Info

**Personnel:**

Specialty	Quantity

**Items: pharmaceuticals, supplies, or equipment:**

Type	Quantity	Kind	Condition on Receipt

Has previous coordination been accomplished for these items?  Yes  No

With Whom? \_\_\_\_\_  
Name / Facility / Contact Info Date & Time

\_\_\_\_\_  
Signature / Title of Requester

**Email this Request Order to MHOAC at tinavenable@countyofplumas.com and the Supplying Facility if Previously Coordinated.**