

ACTION REQUEST FORM – REMOTE SENSING IMAGERY

I. Who is Requesting Assistance?		Requestor Tracking #:	
Requestor Name/Title/Location:		Temporary Phone/FAX#	
Permanent Phone:		Permanent FAX#:	
Requestor Organization:		Email:	
II. Requested Assistance			
What is the purpose or application of this imagery and any other items not covered below:			
Use One of the Options Below to Define the Area That Needs to be Imaged			
Check if a sample graphic of the Area of Interest (AOI) is attached <input type="checkbox"/>			
Point – State number of miles radius from major landmark or latitude/longitude:			
Area – State area as defined by USNG or latitude/longitude coordinates, Township/Range/Section, or at least three major landmarks that set a perimeter for the area of interest:			
Route – State number of miles on each side of route as defined by at least two major landmarks or latitude/longitude coordinates that set route of interest:			
Type of Imagery Requested:			
<input type="checkbox"/> Overhead (map-like)	<input type="checkbox"/> Oblique (Side-view)	<input type="checkbox"/> Streaming Video	<input type="checkbox"/> Recorded Video <input type="checkbox"/> Still Pictures
Preferred Sensor:			
<input type="checkbox"/> Optical (circle type): Color Panchromatic Near-Infrared Orthorectified Stereo		<input type="checkbox"/> RADAR	<input type="checkbox"/> LIDAR <input type="checkbox"/> Thermal
Requested Resolution:			
<input type="checkbox"/> 6 inch (dense urban)	<input type="checkbox"/> 1 foot (light urban)	<input type="checkbox"/> 2 foot (rural urban mix)	<input type="checkbox"/> 1 meter (rural)
Data Delivery:			
Format type requested?	<input type="checkbox"/> BSQ	<input type="checkbox"/> HDF	<input type="checkbox"/> GeoTiff <input type="checkbox"/> JPEG2000 <input type="checkbox"/> NITF Other_____
Product delivery means:	<input type="checkbox"/> WMS	<input type="checkbox"/> FTP	<input type="checkbox"/> Mail CD <input type="checkbox"/> DVD or Portable Drive <input type="checkbox"/> Paper maps
Upload Site/Delivery Point:			
Site Access Point of Contact/24-hour phone:			
Required by what date, time, and/or need to repeat?			
Mission Priority:			
<input type="checkbox"/> Life Saving	<input type="checkbox"/> Life Sustaining	<input type="checkbox"/> High	<input type="checkbox"/> Medium <input type="checkbox"/> Normal
Anticipated Funding:			
<input type="checkbox"/> Disaster Declaration (Fed)	<input type="checkbox"/> Letter of Intent (NSSE – Fed)	<input type="checkbox"/> MOU (State)	
III. State Approval		Name and Title:	
Approving Signature:		Date/Time:	
IV. FEMA Region (JOF) Approval		Name and Title:	
Approving Signature:		Date/Time:	

If FEMA Region unavailable, send to FEMA-NRCC-Remotesensing@dhs.gov, info copy to FEMA regional GIS coordinator