

Det. 2 18th Weather Squadron

Support Assistance Request

Exercise/Contingency:

Point of Contact:

Organization/Address:

Email:

Phone Number:

Exercise/Contingency Date/Time:

Start:

End:

Purpose of Exercise:

Exercise/Contingency Location:

Number of Personnel Participating:

Type of Equipment Used:

KQ Identifier:

Type of Support/ Products Requested:

Email to: jeffery.l.langston.mil@mail.mil; mark.j.hazzard2.mil@mail.mil