a and a	PHONE THE SDCC WATCH DESK (07) 3635 2387 – ADVISE EA IS BEING DEVELOPED			
	EMERGENCY ALERT REQUEST			
	Location of Alert: (e.g. Suburb, Town)			Date & Time:
Queensland Government	LGA/Agency requesting:			hrs
Requesting Officer (e.g. Disaster Coordinator/Incident Controller)			Telephone:	
Name: Agency/Position:			(SDCC Watch Des	k may telephone you)
Email:				
Advised LDC/LDMG: YES DDC/DDMG: YES Neighbouring LDMG/LGA: YES N/A				
Send Alert	Immediately: 🗌 YES	Scheduled: YES Da	ate & Time	hrs
Event Type				
Distributed by: (Channel)		 Location Based of phone at time of distribution 		ervice Address Based billing address)
Message Severity	Emergency Warning (Activates SEWS) Watch & Act Advice			
Threat Direction Requ				
(e.g. Fire, Chemical Spill, EA Messaging Filenar		Only For Emergency Warning Voice & Service Address SMS N/A Polygon Filename, (Kml, Kmz, Gml, GeoJSON):		
		Number of polygons (if multiple, attach list in order of priority)		
Supplied via: DM Portal Email Verbal Other		Supplied via: DM Porta		
Other (please specify): Other (please specify): Voice: Type or handwrite, max 4000 characters incls spaces. (Ideally message should be < 450 characters)				
SMS: Type or handwrite, use capitals for clarity, max 612 characters incls spaces. (Ideally should be < 160 characters incl. spaces)				
Remove EA from	☐ 12 hrs ☐ 24 hrs ☐ 48 hrs	Specify Date & Time:	Check back	in 12 hrs:
websites:	Replace previous EA message	hrs	Contact #:	
Requesting Officer:	Signat	ure:		Date:
Send to sdcc@qfes.qld.gov.au and telephone (07) 3635 2387 to confirm receipt				
FOR USE BY SDCC EA Request Form completed by: SDCC Watch Desk Requesting Officer				
Notification of any delays provided to Requestor:				
EA User Name:			Emergency Al	ert No:
Signature:		Date:		
Authorising Officer Name:			EMS EA Cam	paign Report ID:
Signature:		Date:		
Report provided to Requestor on EA outcomes: YES NO EA Manual, EA Quick Reference Guide and the EA Request Form Template are available at: www.disaster.qld.gov.au				