

Alpine - Barona - El Cajon - Lakeside - La Mesa - Lemon Grove San Miguel - Santee – Sycuan - Viejas Bonita - Heartland Dispatch

### A-5 Requesting Changes to Response Plans

An Agency can make changes to their response plans at any time, as long as the changes do not affect other agencies equipment.

If a change does affect another agency's equipment, permission must be obtained from the affected agency prior to any change being done.

The procedure for this is as follows:

- The agency requesting the change will fill out and sign the Response Plan Request Form.
- Obtain approval from the agency that the change will affect, if applicable.
- Forward the signed form to the HCFA Director or designee.
- Once the change(s) are completed, and signed by the Operations Director or designee, a copy will be sent to the Operations Chief of the requesting agency, corresponding affected agency if applicable, and the original will remain with HCFA.
- Agency requesting change will send out an FYI about the change to all zone agencies.

#### NOTE:

Please use one form per change. If there are multiple changes (different streets, locations, etc.) please use one form for each change.

Once approval is obtained, the change can be made on the Response Plans. No changes will be done without the signed Response Plan Request Form being signed by the Agency that the change affects.

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### **A-5 Requesting Changes to Response Plans**

#### RESPONSE PLAN REQUEST FORM

| Agency:            |                          | Date:                    |       |       |
|--------------------|--------------------------|--------------------------|-------|-------|
| Requestor Name:    | :                        |                          |       |       |
| Contact Informat   | ion: Email:              |                          | Telep | hone: |
|                    |                          |                          |       |       |
|                    | New Plan: Y N            | Change to Existing Plan: | Y N   |       |
| Details of Reques  | st:                      |                          |       |       |
| Work Performed:    | <u>:</u>                 |                          |       |       |
| Approved By:       |                          |                          | Date: |       |
| (Agency Represe    | entative)                |                          |       |       |
| Approved By:       |                          |                          | Date: |       |
| (Affected Agency   | y Representative, If App | plicable)                |       |       |
| Approved By:       |                          |                          | Date: |       |
| (Operations Direct | ctor or designee)        |                          |       |       |
| Completed By:      |                          |                          | Date: |       |
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