



COUNTY OF SAN LUIS OBISPO NPP EQUIPMENT REQUEST FORM

Agency or County Department: _____

Equipment Requested for Fiscal Year: _____ Date Requested: _____

Department Contact: _____ Phone Number: _____

Equipment Requested:

Why Is It Needed:

Describe the Intended Goal:

How, When, and Where Will the Equipment Be Used:

Percentage of Cost Requested from NPP Fund:

Total Cost, including fees, taxes, installation, etc:

Total NPP Cost:

"I hereby certify that this equipment is needed for our offsite response should an emergency at the
Diablo Canyon Power Plant occur."

Print Name

Title

Signature

Date

INTERNAL USE ONLY		
Required to be submitted to CalOES:	☐ Yes	☐ No
Approved by/Date:		
Fiscal Year:	Posting date:	

Additional information may be included on second page, as needed.

COUNTY OF SAN LUIS OBISPO

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