



Det 2/3WS Support Assistance Request



Contact Information

Name: _____ Email: _____ Unit/Organization: _____ DSN Phone: _____

Location: _____

Support Requirements

Exercise/Contingency Name: _____ Aircraft/Assets: _____

Start Date/Time: _____ Stop Date/Time: _____ Are you requesting in person SWO Support: _____

Products Requested (5 day/175-1/MWP/Resource Protection): _____

Purpose: _____ Delivery Method (email/NIPR/SIPR/Other: _____

EMAIL ALL SUPPORT REQUESTS TO: usaf.riley.3-asog.mbx.det2-3wsqd@mail.mil