Michigan Veteran Affairs Agency

Mobile Service Unit Request Form

If you would like MVAA to provide the mobile VSO asset at an event you are hosting or assist a current accredited VSO at an off-site location, please fill out the form below.

I have reviewed the current asset a pilot program with limited areas	•	strictions and und	erstand that th	is is curre	ntly
	Yes		No		
Please select the county for which	h you are requestin	g the mobile serv	ice unit:		
*This asset is currently part of a p event is taking place in is not ava to request further assets or email	ailable via the drop-	-down list; please			
Are you currently recognized as a	n MVAA Veteran F	riendly School or	Employer?	Yes	No
If yes; is this a reoccurring reques	st? Yes	No			
If yes; how often? (for example: B from 8am-5pm	i-weekly on Thursd	ays from 1-3pm c	or the 3rd Mond	day of eve	ry month
Request or Event Information:					
Organization Host Name:					
Event Name:					
Event Overview:					
Event Date:	Start Tin	ne:	End Time:		
Street Address:		City:			
Zip Code:	Estimated A	Attendance:			
Point of Contact Information: Name:		Phone N	umber:		
Email Address:					
Street:	City:		Zip Code:		