| **1. Incident Name:** | | | **2. Operational Period:** Date From: Date To:   Time From: Time To: | | |
| --- | --- | --- | --- | --- | --- |
| **3. Basic Local Communications Information:** | | | | | |
| Incident Assigned Position | Name (Alphabetized) | | | | Method(s) of Contact (phone, pager, cell, etc.) |
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| **4. Prepared by:** Name: Position/Title: Signature: | | | | | |
| **ICS 205A** | | **IAP Page \_\_\_\_\_** | | Date/Time: | |