| **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:  |