| **1. Incident Name:** | **2. Incident Number:** |
| --- | --- |
| **3. Planned Release Date/Time:**Date: Time:  | **4. Resource or Personnel Released:** | **5. Order Request Number:** |
| **6. Resource or Personnel:**You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative).

|  |  |
| --- | --- |
| **Logistics Section** |  |
|  | **Unit/Manager** | **Remarks** | **Name Signature** |
| ⬜ | Supply Unit  |  |  |
| ⬜ | Communications Unit |  |  |
| ⬜ | Facilities Unit  |  |  |
| ⬜ | Ground Support Unit  |  |  |
| ⬜ | Security Manager |  |  |
| ⬜ |  |  |  |

|  |  |
| --- | --- |
| **Finance/Administration Section** |  |
|  | **Unit/Leader** | **Remarks** | **Name Signature** |
| ⬜ | Time Unit  |  |  |
| ⬜ |  |  |  |
| ⬜ |  |  |  |

|  |  |
| --- | --- |
| **Other Section/STAFF** |  |
|  | **Unit/Other** | **Remarks** | **Name Signature** |
| ⬜ |  |  |  |
| ⬜ |  |  |  |

|  |  |
| --- | --- |
| **Planning Section** |  |
|  | **Unit/Leader** | **Remarks** | **Name Signature** |
| ⬜ |  |  |  |
| ⬜ | Documentation Leader |  |  |
| ⬜ | Demobilization Leader |  |  |

 |
| **7. Remarks:** |
| **8. Travel Information:**  | Room Overnight: ⬜ Yes ⬜ No |
| Estimated Time of Departure:  | Actual Release Date/Time:  |
| Destination:  | Estimated Time of Arrival:  |
| Travel Method:  | Contact Information While Traveling:  |
| Manifest: ⬜ Yes ⬜ No Number:  | Area/Agency/Region Notified:   |
| **9. Reassignment Information:** ⬜ Yes ⬜ No |
| Incident Name:  | Incident Number:  |
| Location:  | Order Request Number:  |
| **10. Prepared by:** Name: Position/Title: Signature:  |
| **ICS 221** | Date/Time:  |
|  |  |