GENERAL MESSAGE (ICS 213)

1. Incident Name (Optional)**:**

2. To (Name and Position)**:**

3. From (Name and Position)**:**

4. Subject: CSM: County Status Message	**5. Date:**	**6. Time**

7. Message:

STATE:
COUNTY:
TOWN:
DTG(Z):
POWER:
WATER:
SEWER:
SANITATION:
TRANSPORTATION:
MEDICAL FACILITIES:
COMMUNICATIONS:
CELLULAR:
911:
POLICE:
FIRE:
EMS:
SAFETY HAZARDS:
SOURCE:
REMARKS:

8. Approved by: Name: _____ Signature: _____ Position/Title: _____

9. Reply:

10. Replied by: Name: _____ Position/Title: _____ Signature: _____

ICS 213 Date/Time: _____