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:

MESSAGE NUMBER:
PRIORITY:
LINE 1- STATE:
LINE 2- COUNTY:
LINE 3- TOWN:
LINE 4- DTG(Z):
LINE 5- POWER:
LINE 6- WATER:
LINE 7- SEWER:
LINE 8- SANITATION:
LINE 9- TRANSPORTATION:
LINE 10- MEDICAL FACILITIES:
LINE 11- COMMUNICATIONS:
LINE 12- CELLULAR:
LINE 13- 911:
LINE 14- POLICE:
LINE 15- FIRE:
LINE 16- EMS:
LINE 17- SAFETY HAZARDS:
LINE 18- SOURCE:
LINE 19- REMARKS:

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

9. Reply:

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

ICS 213 Date/Time: _____