DEMOBILIZATION CHECK-OUT (ICS 221)

1. Incident Name:			2. Incident Number:				
3. Planned Release Date/Time:			4. Resource or Personnel Released:			5. Order Request Number:	
Date: Time:							
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							
LOG	Unit/Manager	Rem	arks		Name	Signature	
	Supply Unit	110111				0.9	
	Communications Unit						
	Facilities Unit						
	Ground Support Unit						
	Security Manager						
FINANCE/ADMINISTRATION SECTION Unit/Leader Remarks Name Signature						Signature	
	Time Unit						
OTHER SECTION/STAFF Unit/Other Remarks Name Signature						Signature	
		110111	<u></u>			0.9	
PLANNING SECTION Unit/Leader Ren		Rem	arks		Name	Signature	
	Documentation Leader						
	Demobilization Leader						
7. Remarks:							
8. Travel Information:					Room Overnight: Yes No		
Estimated Time of Departure:							
Destination:							
Travel Method:							
Manifest: Yes No Number:			Area/	Area/Agency/Region Notified:			
9. Reassignment Information: Yes No							
	ent Name:						
Location: Po							
10. Prepared by: Name: Position/Title: Signature: Addison Yates							
ICS 221 Date/Time:							