## **DEMOBILIZATION CHECK-OUT (ICS 221)**

1. Incident Name:				2. Incident Number:			
3. Planned Release Date/Time: Date: Time:			4. Resource or Personnel Released:			5. Order Request Number:	
<ul> <li>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).</li> <li>LOGISTICS SECTION</li> </ul>							
	Unit/Manager	Rem	arks		Name	Signature	
	Supply Unit						
	Communications Unit						
	Facilities Unit						
	Ground Support Unit						
	Security Manager						
FINANCE/ADMINISTRATION SECTION Unit/Leader Remarks Name Signature							
	Time Unit	Kenn	ains		Name	Signature	
OTHER SECTION/STAFF Unit/Other Remarks Name Signature							
	onnouner	I Nem	ains		Name	orginature	
PLANNING SECTION							
_	Unit/Leader	Rem	arks		Name	Signature	
	Documentation Leader						
	Demobilization Leader						
7. Remarks:							
8. Travel Information: Ro				coom Overnight:  Yes  No			
					Actual Release Date/Time:		
					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:							
Location:         Order Request Number:           10. Prepared by:         Name:   Position/Title:							
ICS 221         Date/Time:         Signature:						-	
1032	۲ <u>۲</u>			Date/Time:			