



# Klamath Co. Task Force Mobilization Request

Date/Time:

Incident Type:

Incident Name:

**Resource Needs:**

**Type of Command:**

**IC Name/Agency:**

**UC Name/Agency:**

**Cell Phone:**

**Cell Phone:**

**Location Description:**

**ICP Location:**

**IC Channel:**

**Tac Channel:**

Structures Threatened?

Yes No

If yes, how many?

Evacuations in place?

Yes No

Level & Number of homes?

1\_\_\_\_\_ 2\_\_\_\_\_ 3\_\_\_\_\_

**Special Hazards/Instructions or Additional Info:**

(Power lines, Hazmat, etc....)

County Chief Notification Time:

Confirmation Time: