

General Message Form

NM DOH ICS 213

Incident Name:	Date Prepared:	Time Prepared:
Operational Period:	Operational Period Date/Time:	From: To:

TO:	POSITION:
FROM:	POSITION:
Subject:	

Message:

Disposition:

Date and Time:	Name/Position:
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<u>ROUTING</u>		
1. Incident Commander:	2. Recipient:	3. Turn-in to Planning Section Documentation Unit when completed.