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

1. Incident Name:				2. Incident Number:			
<b>3. Planned Release Date/Time:</b> Date: Time:			4. Resource or Personnel Released:		5. Order Request Number:		
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							
	Unit/Manager	Rem	arks		Name	Signature	
	Supply Unit						
	Communications Unit						
	Facilities Unit						
	Ground Support Unit						
	Security Manager						
FINA	ANCE/ADMINISTRATION Unit/Leader Time Unit	N SEC Rem	_		Name	Signature	
<del>                                     </del>							
<u>отн</u>	IER SECTION/STAFF Unit/Other	Rem	arks		Name	Signature	
$\overline{\Box}$						-	
PLANNING SECTION Unit/Leader Remarks			arks		Name	Signature	
	Documentation Leader						
	Demobilization Leader						
7. Remarks:							
8. Travel Information:					Room Overnight: Yes No		
Estimated Time of Departure:							
Destination:			<u> </u>				
Travel Method:			<u> </u>	<del></del>			
Manifest: Yes No			Area/	Area/Agency/Region Notified:			
9. Reassignment Information:  Yes No							
Incident Name:							
Location:							
10. Prepared by: Name: Position/Title: Signature:							
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