Clay County
Florida

ICS 213 - ClayARES Shelter Report Extended

Number	Precedence	HX	Orig. Station	Orig Location	Check	Time	Date
	ROUTINE	NA			26		

GENERAL MESSAGE

TO: John Ward	**POSITION:** Clay County EOC Director
FROM:	**POSITION:** _____ Shelter Manager
SUBJECT: SHELTER COUNT	**DATE:** / **TIME:**

MESSAGE **(one word per cell 10 rows x 10 columns)**

DATE	___/___/___	TIME	____:____	GUESTS	_____	OXYGEN	_____	ELECTRIC	_____
STAFF	_____	VOLUNTEERS	_____	CAREGIVERS	_____	SHERIFF	_____	FIRE	_____
PETS	_____	OTHER A	_____	OTHER B	_____				

SIGNATURE:	**POSITION:** Lake Asbury Shelter Manager

REPLY **(one word per cell 10 rows x 10 columns)**

DATE:	**TIME:**	**SIGNATURE/POSITION**