



ICS 213 - ClayARES Shelter Report

Number	Precedence	HX	Orig. Station	Orig Location	Check	Time	Date
	ROUTINE	NA			14		

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	—	STAFF	—	VOLUNTEERS	—
OTHER a	—	OTHER B	—						

SIGNATURE:				POSITION: _____ Shelter Manager					
-------------------	--	--	--	---	--	--	--	--	--

REPLY

(one word per cell 10 rows x 10 columns)

DATE:		TIME:		SIGNATURE/POSITION					
--------------	--	--------------	--	---------------------------	--	--	--	--	--