



FLINT

INCIDENT / EMERGENCY NAME: _____

DATE/TIME: _____ / _____
(XX/XX/XX) (24-Hour Clock)

FROM: _____
(HICS Section) (Printed Name) (Phone / Cell Number)

ACTION Response Required YES NO
Time Response Needed ASAP 30-Mins 60-Mins
Respond To Person Above Other _____
(Printed Name / Phone No.)

MESSAGE: (Print Legibly)

RECEIPT

Runner's Name: _____ **Received By:** _____ **Time:** _____
(Printed Name / Initials) (Printed Name / Initials) (24-Hour Clock)

Duplicate Copy of this message document must be returned, by runner, to originating HICS Member, upon completion of message transmittal and receipt process.