PRESS RELEASE	TASK #	DATE PREPARED: TIME PREPARED:
TASK NAME:		PREPARED BY (INFORMATION OFFICER):
VERIFIED BY (DEPUTY INCIDENT COMMANDER):		APPROVED BY (INCIDENT COMMANDER):

DISTRIBUTION			
1		5	
2		6	
3		7	
4		8	

INFORMATION
(LOCATION):

FOR FURTHER INFORMATION, PLEASE CONTACT:					
#	NAME	PHONE	#	NAME	PHONE
1			2		
					ICS 306

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