NC DIVISION OF **EMERGENCY MANAGEMENT**

DEPARTMENT OF CRIME CONTROL & PUBLIC SAFETY

Emergency Operations Message Form

Subject:	DATE
From:	TIME:
Agency:	MSG.#
Phone#: ( ) **Fax#: ( )**	REF.#
Related Incident:	THIS IS A : ☐ REQUEST ☐ INFORMATION MSG

Description: (Describe Fully Resource Needed and / or Mission You Intend To Accomplish

Point of Contact / NAME:

Phone #: ( ) **Fax#: ( )**

Additional and / or related Information:

COPY TO: (A=Action N=Notification) **COPIED TO EM/TRACKER ( )**

A	N	FUNCTION	A	N	FUNCTION	A	N	FUNCTION
		ALL AGENCIES			INFRASTRUCTURE SUPPORT			TECHNICAL ADVISOR
		SERT LEADER			HUMAN SERVICES			
		FIELD SERVICES			FEMA			
		OPS.– CHIEF			FINANCE			
		I & P CHIEF			PIO			
		LOGISTICS			SITUATION ANALYST			
		EMERGENCY SERVICES			SITREP WRITER			