SHELTER ACTIVATION INFORMATION SHEET

EVENT:_____

TIME: _____

DATE: _____

SHELTER	OPEN	CLOSED	TYPE	CAPACITY	SN/REG SHELTERED	MEALS	LEO/FIRE	SCHOOL BOARD	ARC	PETS	PET STAFF	MEDICAL	MENTAL HEALTH	MANAGER	CONTACT INFO	RADIO OPERATOR

REPORT TAKEN VIA PHONE ____ RADIO ____ INTERNET ____

JCR2009

BY: _____