DELEGATION OF AUTHORITY

This Delegation of Authority to the Incident Management Team ends effective on:

________________________  __________________
Date                Time

The incident is being returned to the local jurisdiction(s) from the IMT.

__________________________________________________________  ________________________
Agency Administrator – Requesting Jurisdiction
Incident Title  Agency
Print Name  Signature

__________________________________________________________  ________________________
IMT Incident Commander
Incident Title  Agency
Print Name  Signature

__________________________________________________________  ________________________
Incident Title  Agency
Print Name  Signature

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Incident Title  Agency
Print Name  Signature

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Incident Title  Agency
Print Name  Signature

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Incident Title  Agency
Print Name  Signature

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Incident Title  Agency
Print Name  Signature

__________________________________________________________  ________________________
Incident Title  Agency
Print Name  Signature