CSFS 169 Rev. 5/06

Delegation of Authority "FIRE NAME"

As of			I have delegated au	thority and responsibilit	y of managing the
Time		_ Fire, burning in		County, to In	cident Commander
Fire Name		ar	nd his Incident Man	agement Team.	
IC Name					
				ry to pay for controlling safe and cost-effective	
				nagement of this incidend applicable laws, policion	
My consideration 1.	ons for managemen	nt of this fire are:			
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
(Signature and	Title of Agency Ac	lministrator)	(Date)		(Time)
Acceptance by:					
•	(Incident Comm	ander)	(Date)	(Tim	e)