**Administrative Tracking Request**

**Please Submit Request at least *48 hours* in advance to:**

Grangeville Interagency Dispatch Center Email to [idgvc@firenet.gov](mailto:idgvc@firenet.gov)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Requesting Unit \ District \ Crew :** | | | Click here to enter text. | | | |
| Date(s) Requested: | | From: | **Click to enter date.** | To: | | **Click to enter date.** |
| Requesting Person | | | Office Phone | | Cell Phone | |
| Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | |
| Job Code (For Overtime Only) | | | Supervisor / Staff Signature | | | |
| Click here to enter text. | | | Click here to enter text. | | | |
| Primary Contact (Supervisor or Designee) | | | Office Phone | | After-hours Phone | |
| Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | |
| Secondary Contact (Line Officer) | | | Office Phone | | After-hours Phone | |
| Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | |
| Chief of Party or Field Contact: | | | Click here to enter text. | | | |
| Location (general) : | Click here to enter text. | | | | | |
| Location (T x R or Lat x Lon) : | Click here to enter text. | | | | | |
| Project Description : | Click here to enter text. | | | | | |
| **Check in Methods** | | | | | | |
| Radio - FZ/Repeater | Cell Phone | | | Sat. Phone | | |
| **Choose an item.** | Click here to enter text. | | | Click here to enter text. | | |
| Check in Times (Be Specific AM \ PM, days of week) : | | | | Click here to enter text. | | |
| Vehicle(s) Make /Door-License # : | | | Click here to enter text. | | | |
| Person(s) or Crew (please list all members of group at min. those using radio) | | | | | | |
| Click here to enter text. | | | | | | |
| Special Instructions/Needs : |  |  |  |  |  |  |
| Click here to enter text. | | | | | | |