

**Project/Fire Name:**

## **LOCATION OF MEDI-VAC SITE**

**Township**

**Range**

**Section**

**Latitude**

**Longitude**

**Geographic Location:**

**Elevation:**

**Know Hazards:**

**Ground Access:**

**County:**

**Phone #:**

**Resources:**

**Nearest Hospital:**

**Phone #:**

**Nearest Life Flight:**

**Phone #:**

**Remarks:**

**Repeater Used:**