**Administrative Tracking Request**

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

Grangeville Interagency Dispatch Center Email to 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. |