

DATE/TIME: \_\_\_\_\_

# MDC Logistics Demob Form

*\*Land Use Agreements, Un-Operated equipment, Utilities, Etc.\**

Incident Name: \_\_\_\_\_ Incident Number: \_\_\_\_\_

E-#: \_\_\_\_\_ or S-#: \_\_\_\_\_

Item Description: \_\_\_\_\_

Have you contacted the vendor? YES  NO

If yes, date/time released: \_\_\_\_\_

Vendor name & phone number?  
\_\_\_\_\_

If you were unable to contact the vendor, what date/time do you want it released?  
\_\_\_\_\_

**When completed, please email this form to:**

**Missoula Dispatch: [mtmdc\\_expanded@firenet.gov](mailto:mtmdc_expanded@firenet.gov)**

**Buying Team Email:**