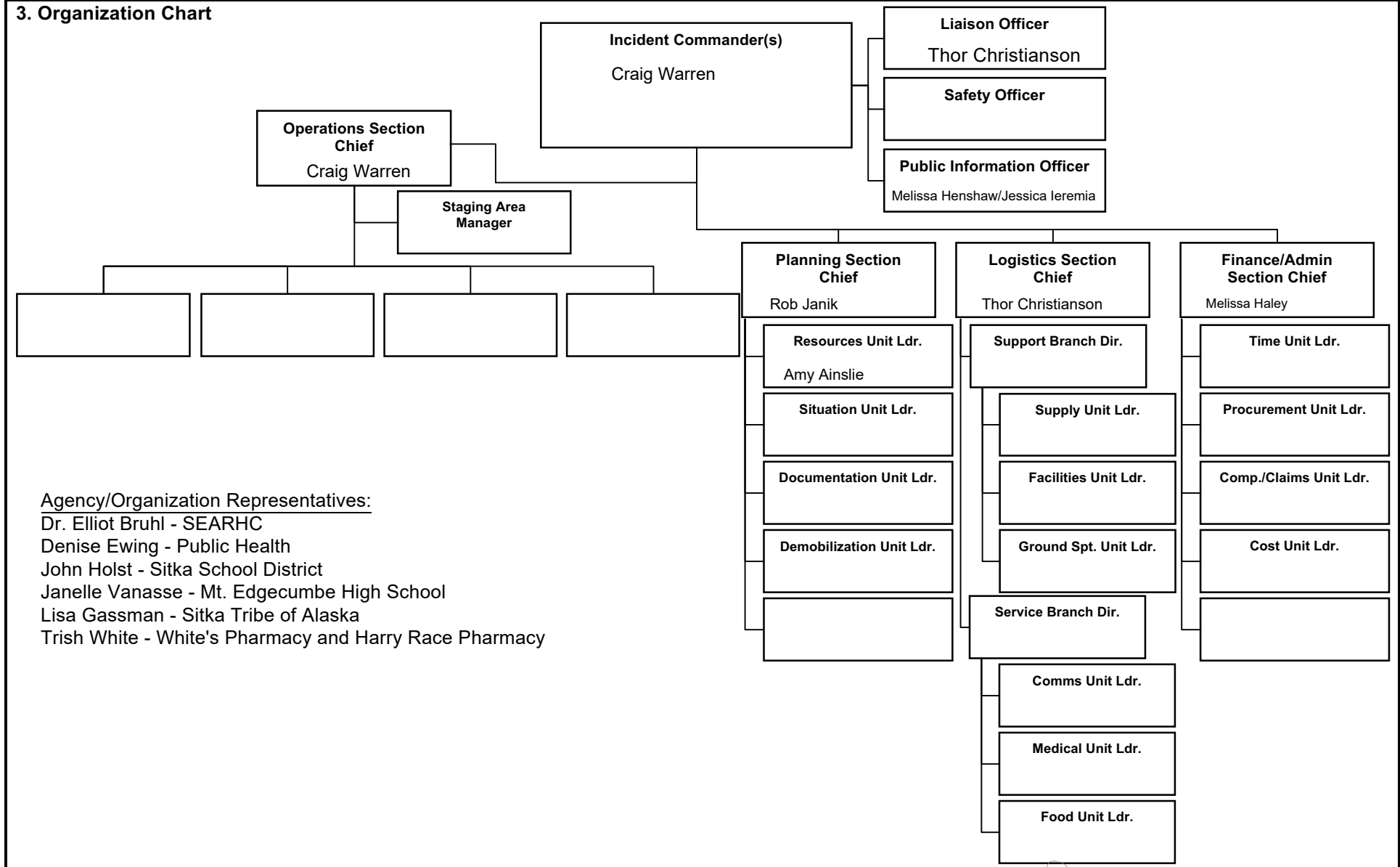


INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name: City of Sitka COVID 19 Response	2. Operational Period: Date From: <u>4/28/2021</u> Date To: _____ Time From: _____ Time To: _____
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ICS 207	IAP Page ____	4. Prepared by: Name: <u>Amy Ainslie</u> Position/Title: <u>RESL</u>	Signature: <u><i>Amy Ainslie</i></u>	Date/Time: <u>4/28/2021 1730</u>
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