

## NET Form 4: ASSIGNMENT BRIEFING

Neighborhood Emergency Team		Date (yyyy/mm/dd)	
Assignment Tracking Number	Time Out	Time Back	
Cmnd. Post Contact ph. # or Radio Channel	Cmnd. Post Contact Name		

## INSTRUCTIONS TO TEAM

Team Tactical Call Sign	Mission Location
SCRIBE	

### Mission Objectives

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### Equipment Allocated

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**FILL OUT MISSION RESULTS ON REVERSE SIDE**

