



# Demobilization Release Request Form

Fire Name: \_\_\_\_\_

Project Order Number: \_\_\_\_\_

Request Number \_\_\_\_\_

Available for Reassignment:  Yes  No Qualifications \_\_\_\_\_

**\*\*CHOOSE AIR TRAVEL OR GROUND TRAVEL BOX\*\***

**AIR TRAVEL**

Name: \_\_\_\_\_ Male:  Female:  Birthdate: \_\_\_\_\_  
*(As it appears on your Driver's License)*

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available for travel: \_\_\_\_\_ Time Available to be at airport: \_\_\_\_\_

Jet Ports Departing From: \_\_\_\_\_ Arriving To: \_\_\_\_\_

**GROUND TRAVEL**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Base: City \_\_\_\_\_ STATE: \_\_\_\_\_

Travel by:

Agency Owned Vehicle (tag \_\_\_\_\_)  Unit# \_\_\_\_\_

Bus or Van (number \_\_\_\_\_)  Other \_\_\_\_\_

Itinerary

	CITY	DATE	TIME
ETD:			
ETA:			
ETD:			
ETA:			