



# DELEGATION OF AUTHORITY

This Delegation of Authority to the Incident Management Team ends effective on:

\_\_\_\_\_ at \_\_\_\_\_  
Date Time

The incident is being returned to the local jurisdiction(s) from the IMT.

**Agency Administrator – Requesting Jurisdiction**

_____	_____
Incident Title	Agency
_____	_____
Print Name	Signature

**IMT Incident Commander**

_____	_____
Incident Title	Agency
_____	_____
Print Name	Signature

_____	_____
Incident Title	Agency
_____	_____
Print Name	Signature

_____	_____
Incident Title	Agency
_____	_____
Print Name	Signature

_____	_____
Incident Title	Agency
_____	_____
Print Name	Signature