City of Ankeny
Emergency Operations Plan

ICS 205-2
Incident Communications Plan

Incident Name:	Date Prepared:	Time Prepared:
Operational Period Date: From: To:	Operational Period Time: From: To:	

Basic Radio Channel Utilization

Name	ICS Function	System (800, VHF, UHF)	Channel/Frequency	Cell phone #	Other contact #'s Remarks

Prepared By:	Agency Name:	ICS Position: **Communications Unit**
Approved By:	Agency Name:	ICS Position: **Logistics Sections Chief**