

<b>FEMA ICS-213</b>				
Form template URL	<a href="https://training.fema.gov/emiweb/is/icsresource/assets/ics%20forms/ics%20form%2020213,%20general%20message%20(v3).pdf">https://training.fema.gov/emiweb/is/icsresource/assets/ics%20forms/ics%20form%2020213,%20general%20message%20(v3).pdf</a>			
Form Type	<i>blank</i>			
<b>Field Name</b>	<b>Field ID</b>	<b>Required</b>	<b>Mandatory Values</b>	<b>Description</b>
Incident name	1	Optional	Only used in Message form (page 1)	
To Name and Position	2	Required	Only used if different than Addressee of Message or Signature of Reply	
From Name and Position	3	Required	Only used if different than Signature of Message or Address of Reply	
Subject	4	Required	Used in Message (page 1) and Reply (page 2)	
Date	5	Required	Only used in Message (page 1)	
Time	6	Required	Only used in Message (page 1)	
Message	7	Required	Only used in Message (page 1)	
Approved By	8	Required	Only used in Message (page 1). Use "SAME" if same as Signature.	
Reply	9	Required	Only used in Reply (page 2).	
Replied By Name, Position, Date, and Time	10	Required	Only used in Reply (page 2). Use "SAME" for name and position if same as Signature. Include Date and Time.	