## Task Force Participants Form 2024

TASK FORCE:

Deconfliction Platform (Case Explorer or RISS):

Task Force Commander:

Phone:

Email:

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| **Name**  **(Last Name, First Name)** | **Position** | **Parent Agency** | **Deconfliction**  **(Y/N)** | **Co-Located**  **(Y/N)** | **Fulltime**  **(Y/N)** | **AHIDTA**  **Overtime**  **(Y/N)** |
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**Please include the information for all those participating in your task force during the quarter specified, including TFC**