

**REGIONAL MEDICAL EVACUATION AND PATIENT TRACKING
MUTUAL AID PLAN (MAP) Signatory Documentation Sheet**

IN WHITNESS WHEREOF, the subscribing Organization hereto has caused this Regional Medical Evacuation and Patient Tracking Mutual Aid Plan to be executed by duly authorized representatives as of the date of their signature:

ORGANIZATION: _____

BUSINESS ADDRESS: _____

PHONE: _____

AUTHORIZED SIGNATURE(s):

PRINTED NAME: _____

POSITION TITLE: _____

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

POSITION TITLE: _____

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

POSITION TITLE: _____

SIGNATURE: _____

DATE: _____

If you would like to join as a new partner, please have your agency, organization, or tribal signatory authority sign and return the "Signatory Documentation Sheet." For organizational adoption of the MAP, sign and mail one (1) originally signed sheet back to:

**Public Health – Seattle & King County
C/O The King County Healthcare Coalition
401 5th Ave., Suite 1300
Seattle, WA. 98104
FAX: 206-296-0166**

The document will be reconfirmed annually or as needed and will be maintained at Public Health Seattle & King County office.