



**NATIONAL FALLEN FIREFIGHTER'S FOUNDATION
LOCAL ASSISTANCE STATE TEAM
(L.A.S.T.)**

MISSION / TASK SIGN-OFF FORM

Day: _____ Date: _____ Time: _____

Fire Department: _____

Fallen Public Safety Officer: _____

Location: _____

Chief or Authorized Designee: _____

MISSION / TASK(s):

Chief or Designate Signature: _____

LAST Team Representative: _____

