NAVY PERSONNEL COMMAND, MILLINGTON
EVACUATION MUSTER SHEET

DATE: _____

DIVISION: _____ **BUILDING NUMBER:** _____ **ROOM NUMBER:** _____

MUSTER LOCATION: _____

PRIMARY OFFICE COORDINATOR: _____

ALTERNATE OFFICE COORDINATOR: _____

NAME	RANK/GRADE	MUSTERED YES	MUSTERED NO
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VISITOR'S INFORMATION AT TIME OF EVACUATION			
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