Community Liaison (CL) Community Contact Record

During Clearance

Nearest Village Name:	Area:	Demining Agency:	AMAC Ops Associate:	
Task/MF No:	Province:	Demining Supervisor:	LIAT Team:	Landowner or Authorised Representative:

Note: Attach supplementary pages to pre/during and post clearance forms as required.

Date:	Name and Occupation	Visit No:	Tel No.	Observations and Comments

AMAC Representative:	**CL Assistant**	**Landowner or Authorised Representative**	**Mullah/Malik**	**Clearance Org Supervisor/ Team Leader**
Name:	Name:	Name:	Name:	Name:
Signature:	Signature:	Signature:	Signature:	Signature:
Date: __/__/___	Date: __/__/___	Date: __/__/___	Date: __/__/___ Date: __/__/___	

The Community Liaison Team is informing the community that the area is going to be worked on by a mine clearance organisation in accordance with the AMAS