

TASKING SHEET

SG1B



SOURCE NO: _____

DATE: 11 Apr 94

SUSPENSE: 12 Apr 94

1600 Hrs

1. PROJECT NUMBER: 94-233-0

2. METHOD/TECHNIQUE: Method of Choice

3. BACKGROUND: _____

4. ESSENTIAL ELEMENTS OF INFORMATION: _____

Access and describe Target.

5. COMMENTS: Coordinates: 214872/549031

PROJECT EVALUATION FEEDBACK

94-233-0

PROJECT NO. 94-227-0

DATE OF PROJECT _____

SG1J

The following is an evaluation form for the project you reviewed. Please complete this form and return to [redacted] Chief, Technology Assessments and Support Activity.

A. Is the information accurate? (Circle response)

Categories	Source A	Source B	Source C
Yes (true)	(1)	(1)	(1)
May be true	(2)	(2)	(2)
Possibly true	(3)	(3)	(3)
No	(4)	(4)	(4)
Possibly not true	(5)	(5)	(5)
Unsure	(6)	(6)	(6)

B. What is value of the Source(s)' information? (Circle response)

Major significance	(1)	(1)	(1)
High value	(2)	(2)	(2)
Of value <i>possible</i>	(3)	(3)	(3)
Low value	(4)	(4)	(4)
No value	(5)	(5)	(5)

UNCLASSIFIED WHEN BLANK

~~SECRET~~
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LIMITED DISSEMINATION
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Enclosure 2

SG1H

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