MESSAGE FORM For paper: use ballpoint pen – blue or black ink only (See back for instructions) Origin Msg #: 2 Destination Msg #: 3							
Date 1:		<u>Time</u> (24hr):	<u>Handling</u> ⁵ (✓one):	() Imn	nediate (ASAP)	O Priority (< 1hr)	O Routine (< 2hr)
			This Message Requests You To 6:				
		(0001 + 2400)		TAKE .	ACTION (✓one)	: O Yes	○ No
	mm/dd/yy)	(0001 to 2400)			REPLY (✓one)		O No
	ICS Position: (required) ⁷		F	ICS Position:	(required) °		
T	Location: (required) 9				Location: (red	quired) ⁹	
O	,	ame: (optional)				,	
	Name: (optio				Name: (option	nal)	
	Telephone #:	elephone #:(optional)			Telephone #: (optional)		
SUBJECT: 10							
REFERENCE (e.g., Number of earlier msg.): 11							
MESSAGE: 12 (what, when, where needed; how long; contact name and phone number - KEEP MSG BRIEF)							
ACTION TAKEN: 13 (For use by Originator / Recipient) ➤ USE SEPARATE MESSAGE FORM IF SENDING REPLY!							
CC: Management Operations Planning Logistics Finance							
Operator Use Only: 14							
Rela	y: Revd:				Sent:		
How	: O Receiv	ved or O Sent	(✓one):	Ope	Operator Call Sign:		
○ Telephone		O Dispatch Cen	O Dispatch Center		Operator Name:		
O EOC Radio		○ FAX	O Courier				
O Amateur Radio		Other		Dat	e:	Time:	

Outgoing (Sent): 15

Message Originator: Send the original to radio. Retain a copy for your reference.

Radio: After sending, complete Operator Use Only and file in radio.

Incoming (Received): 15

Radio: Complete Operator Use Only then route to the Addressee. Retain a copy in radio if directed by Supervisor.

Addressee: Take appropriate action.