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):	Handling ⁵ (√one):	O Imn	nediate (ASAP)	O Priority (< 1hr)	O Routine (< 2hr)
			This Message Requests You To 6:				
				TAKE .	ACTION (✓one)	: O Yes	O No
	mm/dd/yy)	(0001 to 2400)			REPLY (✓one)		O No
	ICS Position: (required) ⁷			F	ICS Position: (required) ⁸		
\mathbf{T}	Location: (required) 9			- R	Location: (red	mired) ⁹	
O	Name: (optional)			O M	Location: (rec	_{jun cu}	
					Name: (option	nal)	
					Telephone #: (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!							
TO THE TAKE THE USE BY OTIGINATOR / RECEPTOR / OUL OLI ARATE INCOMOL FORM II OLINDING REFET:							
CC: Management Operations Planning Logistics Finance							
Operator Use Only: 14							
Rela					Sent:		
How		ved \mathbf{or} \bigcirc Sent	(√one):	Оро	erator Call Sign	:	
O Telephone		O Dispatch Cen	O Dispatch Center		Operator Name:		
O EOC Radio		O FAX	O Courier				
O Amateur Radio		O 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.