

<h1 style="margin: 0;">MESSAGE FORM</h1> <p style="margin: 0;">▶ Use Ballpoint Pen; Print Clearly</p>		Sender's msg. #	MESSAGE #	Receiver's msg. #

Date: (MM/DD/YY) <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div>	Situation Severity: <input type="checkbox"/> EMERGENCY <small>(e.g., Life Threat)</small> <input type="checkbox"/> URGENT <small>(e.g., Property Threat)</small> <input type="checkbox"/> OTHER <small>(All others)</small>	Handling Order: <input type="checkbox"/> IMMEDIATE <small>(As Soon as Possible)</small> <input type="checkbox"/> PRIORITY <small>(Less Than One Hour)</small> <input type="checkbox"/> ROUTINE <small>(More Than One Hour)</small>	Request To: <input type="checkbox"/> TAKE ACTION <input type="checkbox"/> REPLY <input type="checkbox"/> FYI <small>(no action required)</small>
Time: <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> <small>(24 hour clock)</small>			

To:	ICS Position:	From:	ICS Position:
	Location:		Location:
	Name:		Name:
	Telephone #:		Telephone #:

SUBJECT: _____
REFERENCE / CHECK: _____
MESSAGE:

ACTION TAKEN:	▶ USE SEPARATE MESSAGE FORM IF SENDING REPLY!	
CC:	<input type="checkbox"/> Management <input type="checkbox"/> Operations <input type="checkbox"/> Planning <input type="checkbox"/> Logistics <input type="checkbox"/> Finance	
DISPOSITION:		
<input type="checkbox"/> Received <input type="checkbox"/> Telephone <input type="checkbox"/> EOC Radio <input type="checkbox"/> Amateur Radio	<input type="checkbox"/> Sent <input type="checkbox"/> Dispatch Center <input type="checkbox"/> FAX <input type="checkbox"/> Courier <input type="checkbox"/> Other _____	Operator Call Sign: Operator Name: Disposition of Msg.: Date: _____ Time: _____