

MESSAGE FORM

▶ Use Ballpoint Pen; Print Clearly

Date:

Time:
(24 hour clock)

Message #	Situation Severity: <input type="checkbox"/> EMERGENCY (Life Threat) <input type="checkbox"/> URGENT (Property Threat) <input type="checkbox"/> OTHER (All Others)	Handling Order: <input type="checkbox"/> IMMEDIATE (As Soon as Possible) <input type="checkbox"/> PRIORITY (Less Than One Hour) <input type="checkbox"/> ROUTINE (More Than One Hour)	Request To: <input type="checkbox"/> TAKE ACTION <input type="checkbox"/> REPLY <input type="checkbox"/> FYI (No Action Required)
Check			

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

SUBJECT:

REFERENCE:

*** MESSAGE AS FOLLOWS ***

ACTION TAKEN:

▶ USE SEPARATE MESSAGE FORM IF SENDING REPLY!

DISPOSITION:

Sent

Received

AUTHORIZATION:

Printed Name:

Operator Call Sign:

Signature:

Operator Name:

Date:

Time:

Date:

Time: