

## LOCAL EMERGENCY RESPONSE MESSAGE FORM

FOR AMATEUR RADIO USE ONLY							
NUMBER	PRECEDENCE <b>E / P / W / R</b>	HX	STATION OF ORIGIN	CHECK	PLACE OF ORIGIN	TIME FILED	DATE
THIS BOX FOR MESSAGE CONTROL USE ONLY (Not Transmitted) Message Control Log Number: _____				Date: _____		Time: _____	
THIS BOX FOR ORIGINATORS USE							
Message Number: _____		Date: _____		Time: _____			
To: _____		From: _____		_____		_____	
Name	Title	Agency/Municipality	Name	Title	Agency/Municipality		
<b>Action Classification</b>							
<input type="checkbox"/> Emergency - Life & death messages only - Not to exceed 30 minute handling time.		<input type="checkbox"/> Priority - Messages with a time limit - Not to exceed 3 hours handling time.		<input type="checkbox"/> Routine - All other messages - Not to exceed 24 hours handling time.			
<b>Information Copy To</b>							
<input type="checkbox"/> Selectman/Mayor	<input type="checkbox"/> EMS/Rescue	<input type="checkbox"/> Transportation	<input type="checkbox"/> Status Boards				
<input type="checkbox"/> Town Manager	<input type="checkbox"/> Public Works	<input type="checkbox"/> Shelter Coordinator	<input type="checkbox"/> NH HSEM (Specify) _____				
<input type="checkbox"/> EM Director	<input type="checkbox"/> Health Officer	<input type="checkbox"/> Other: _____					
<input type="checkbox"/> Fire	<input type="checkbox"/> School Dept.						
<input type="checkbox"/> Police	<input type="checkbox"/> RADEF						
<b>Text:</b> [ ] Reply Requested <span style="float: right;">Word Count _____ (Maximum 50)</span>							
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____	_____
THIS BOX FOR COMMUNICATIONS USE ONLY (Not Transmitted)							
Message <input type="checkbox"/> Sent		By: <input type="checkbox"/> Radio <input type="checkbox"/> Packet <input type="checkbox"/> E-Mail <input type="checkbox"/> Telefax <input type="checkbox"/> Telephone <input type="checkbox"/> Messenger					
<input type="checkbox"/> Received							
Message Sent To: _____		Received From: _____					
Date/Time Group: _____		Date/Time Group: _____					
Operator Name: _____		Operator Name: _____					

- AUTHORIZED FOR LOCAL REPRODUCTION -