

1. Incident Name (Optional):		Priority (E, U, R):	Message No:
2. To (Name and Position):			
3. From (Name and Position):			
4. Subject:		5. Date:	6. Time:
7. Message:			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
USE SEPARATE MESSAGE FORM FOR SENDING A REPLY. REFERENCE THIS MESSAGE NUMBER			
8. Approved by: Name:		Signature:	Position/Title:
9. Operator Use Only (do not transmit this section with the message):			
Action:	Sent Received (circle one)	Operator Call Sign:	_____
Method:	Telephone EOC Radio Courier	Operator Name:	_____
	Amateur Radio Packet Other _____	Date/Time:	_____
		Signature:	_____
CUP ICS 213SF Short Message Form			v210314

1. Incident Name (Optional):		Priority (E, U, R):	Message No:
2. To (Name and Position):			
3. From (Name and Position):			
4. Subject:		5. Date:	6. Time:
7. Message:			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
USE SEPARATE MESSAGE FORM FOR SENDING A REPLY. REFERENCE THIS MESSAGE NUMBER			
8. Approved by: Name:		Signature:	Position/Title:
9. Operator Use Only (do not transmit this section with the message):			
Action:	Sent Received (circle one)	Operator Call Sign:	_____
Method:	Telephone EOC Radio Courier	Operator Name:	_____
	Amateur Radio Packet Other _____	Date/Time:	_____
		Signature:	_____
CUP ICS 213SF Short Message Form			v210314