

OSWEGO COUNTY EMERGENCY MANAGEMENT

STANDARD MESSAGE		AGENCY MESSAGE # <input style="width: 50px;" type="text"/>
TO: (AGENCY/LOCATION)	SELECT ONE <input type="checkbox"/> INFORMATION ONLY	
FROM: (AGENCY/LOCATION)	<input type="checkbox"/> REPLY REQUIRED	
SUBJECT:	DATE: (mm/dd/yy)	Time: (24 Hour clock)
MESSAGE: (PRINT)		
SIGNATURE:	AUTHORITY:	
REPLY:(PRINT)		
DATE: (mm/dd/yy)	TIME: (24 Hour clock)	SIGNATURE / AUTHORITY: