OSWEGO COUNTY EMERGENCY MANAGEMENT

STANDARD MESSAGE	AGENCY MESSAGE #	
TO:(AGENCY/LOCATION)	**SELECT ONE** ☐ **INFORMATION ONLY** ☐ **REPLY REQUIRED**	
FROM:(AGENCY/LOCATION)		
SUBJECT:	**DATE:** (mm/dd/yy)	**Time:** (24 Hour clock)
MESSAGE: (PRINT)		RACES
SIGNATURE:	**AUTHORITY:**	
REPLY:(PRINT)		
DATE:(mm/dd/yy)	**TIME:**(24 Hour clock)	**SIGNATURE / AUTHORITY:**

White – Originator Copy; Canary – Recipient Copy; Pink –Command Copy