

COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT

EMERGENCY OPERATIONS

TO:	Name or Title		<input type="checkbox"/> OUTGOING <input type="checkbox"/> INCOMING FLASH <input type="checkbox"/> PRIORITY <input type="checkbox"/> ROUTINE <input type="checkbox"/>
	Dept. or Agency		
	EOC or Location		
FRM:	Name or Title		Date _____
	Dept. or Agency		Time _____
	EOC or Location		REPLY NEEDED <input type="checkbox"/> INFO ONLY <input type="checkbox"/>

INTERNAL DISTRIBUTION	
OPNS. CMDR	<input type="checkbox"/>
DEP. OPNS. CMDR.	<input type="checkbox"/>
CHIEF OF STAFF	<input type="checkbox"/>
OPERATIONS OFF.	<input type="checkbox"/>
OPERATIONS	<input type="checkbox"/>
LOGISTICS	<input type="checkbox"/>
PERSONNEL	<input type="checkbox"/>
INTELLIGENCE	<input type="checkbox"/>
	<input type="checkbox"/>
DPSS/RED CROSS	<input type="checkbox"/>
ENGINEER	<input type="checkbox"/>
FIRE	<input type="checkbox"/>
FLOOD	<input type="checkbox"/>
HEALTH	<input type="checkbox"/>
MECHANICAL	<input type="checkbox"/>
PURCH/STORES	<input type="checkbox"/>
CORONER	<input type="checkbox"/>
CAO	<input type="checkbox"/>
ROAD	<input type="checkbox"/>
CHP	<input type="checkbox"/>
	<input type="checkbox"/>
UTILITIES	<input type="checkbox"/>
	<input type="checkbox"/>

FOR MESSAGE CENTER USE ONLY BELOW THIS LINE

Time Received at Message Center _____	Message Sent/Received Sheriff's Radio <input type="checkbox"/> RACES Radio <input type="checkbox"/> JDIC <input type="checkbox"/> RACES Teletype <input type="checkbox"/> Telephone <input type="checkbox"/>	Msg. No. _____ Log No. _____	TIME: Sent _____ By _____ Rcvd _____ By _____ RACES INFO. ONLY Call Sign _____
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SEND PART 1 - RETAIN PART 2 - PART 3 WILL BE FORWARDED TO COS - PART 4 MESSAGE CENTER