

Number	Precedence	HX	Station of Origin	Check	Place of Origin	Time Filed	Date Filed

TO:
 Name _____ Amateur Call _____
 Address _____
 City,State,ZIP _____
 Phone: _____
 Operator Notes (optional) _____

RECEIVED AT:
 Station Call _____
 Name _____
 Date _____
 Time _____

Signature:

Rcvd. From	Date	Time	Sent To	Date	Time

Number	Precedence	HX	Station of Origin	Check	Place of Origin	Time Filed	Date Filed

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