Michigan Net, QMN
Radio Message

Operator Use Only							
Number	Precedence	HX	Station of Origin	Check	Place of Origin	Time of Origin	Date of Origin

To: _____
(Name)

_____
(Address)

_____
(Address)

_____
(City, State, Zip Code)

_____
(Telephone)

_____
(FAX number or e-mail)

Operator Use Only

Received by: _____
(Operator Name or Initials)

Time (UTC): _____
(Note time received)

Relayed (QSP): _____

Reply via: _____
(Name / Station)

_____
(Telephone)

Text of Message – One word or group per line

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Instructions</u>: 1. Please print neatly. 2. One word per line. 3. Groups such as zip codes, phone numbers, or e-mail addresses count as one group. 4. Signature is located below.

Signature of Originating Party

Name: _____

Title: _____

Telephone: _____

QMN FORM 0401