

**LEHIGH COUNTY COMMUNICATIONS / 911 CENTER
ALL UNIT BROADCAST**

BROADCAST DATE: _____ TIME: _____

CANCELLED DATE: _____ TIME: _____

DEPARTMENT: _____

UNIT / OFFICER: _____

TYPE OF INCIDENT: _____

TCO: _____ SHIFT SUPERVISOR : _____

ATL

ATA

TEXT: _____

CID#	NIC#	OCA#
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UNITS ACKNOWLEDGMENT:	APD	BPD	PSPF	PSPB			
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Authorizing Signature: _____ Badge # _____