

P XXXXXXXZ XXX XX

FM (UNIT receiving discrepancy report)

TO CCGDTHIRTEEN SEATTLE WA//DPW/DRMC//

INFO (Primary servicing UNIT as appropriate)

(Secondary servicing UNIT as appropriate)

(SECTOR/GROUP/STATION as appropriate)

BT

UNCLAS //N16500//

SUBJ: ATON DISCREPANCY

A. (Reference as appropriate).

1. FULL AID NAME (LLNR-XXXX). (Do not include geographic description from Light List).

A. DISCREPANCY: (EXTINGUISHED, MISSING, OFF-STATION, ETC...).

B. DATE/TIME OBSERVED: XXXXXXXZ XXX XX.

C. OBSERVED BY: (NAME, COMPANY/UNIT, and phone number).

D. AMPLIFYING INFORMATION: (Any information that may be of value to responding unit ie...apparent cause of discrepancy, distance 'reporter' was from aid, etc.).

E. REQUEST BNM.

2. FULL AID NAME (LLNR-XXXX) (If more than one ATON discrepancy to report).

BT

NNNN

NOTE: TEXT IN **BOLD** TYPE IS REQUIRED.