

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 as appropriate)

**BT**

**UNCLAS //N16518//**

**SUBJ: PATON DISCREPANCY**

**1. FULL AID NAME (LLNR-XXXX).** (Do not include geographic descender 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 PATON discrepancy to report).

**BT**

**NNNN**

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