別記様式(第5条関係)

防災行政用無線局通信依頼書(庁内)

〔一般：緊急〕

　　管理責任者(交通防災課長)　様

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 管理課 | | | | | | | | | | | | | | | 通信依頼課(　　　) | | | | | | | | | | | | | | | | | |
| 責任者 |  | | |  | | | リーダー | |  | | | 担当 |  | | 責任者 | |  | |  | | | | | リーダー | |  | | | 担当 | |  | |
| 受付 | 年　　　　月　　　　日 | | | | | | | | | | | | | | 申込み | | 年　　　　月　　　　日 | | | | | | | | | | | | | | | |
| 通信日時 | | | | | 年　　　月　　　日(　　曜日)午前  　　　年　　　月　　　日(　　曜日)午後 | | | | | | | | | | | | | | | | 時　　分 | | | | | | | | | | | |
| 件名 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通信区域　　A　町内全域　　B　行政区域(地域名　　　　　　　　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通信内容 | |  |  | | |  | |  | |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  |
|  |  | | |  | |  | |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  |
|  |  | | |  | |  | |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  |
|  |  | | |  | |  | |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  |
|  |  | | |  | |  | |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  |
|  |  | | |  | |  | |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  |
|  |  | | |  | |  | |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  |
|  |  | | |  | |  | |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  |
|  |  | | |  | |  | |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  |
| 通信の可否 | | | | | | 可・否 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注意  　1　通信日前日の正午までに提出してください。  　2　通信文は簡潔に表現してください。  　3　文字は読みやすく、ていねいに書いてください。  　4　※印欄は記入しないでください。 | | | | | | | | | | | | | | | | | | | | | | 処理※ | 通信時間 | | | | 日　時　分 | | | | | |
| 通信番号 | | | |  | | | | | |
| 通信取扱者 | | | |  | | | | | |
| 無線従事者 | | | |  | | | | | |

防災行政用無線局通信依頼書(庁外)

|  |  |  |
| --- | --- | --- |
| 管理責任者(交通防災課長)　様 | 通信依頼外部機関 | |
| 機関者 |  |
| 代表責任者氏名 |  |
| 申込者氏名 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 管理課 | | | | | | | | | | | | | | | 通信依頼課(　　　) | | | | | | | | | | | | | | | | | |
| 責任者 |  | | |  | | | リーダー | |  | | | 担当 |  | | 責任者 | |  | |  | | | | | リーダー | |  | | | 担当 | |  | |
| 受付 | 年　　　　月　　　　日 | | | | | | | | | | | | | | 申込み | | 年　　　　月　　　　日 | | | | | | | | | | | | | | | |
| 通信日時 | | | | | 年　　　月　　　日(　　曜日)午前  　　　年　　　月　　　日(　　曜日)午後 | | | | | | | | | | | | | | | | 時　　分 | | | | | | | | | | | |
| 件名 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通信区域　　A　町内全域　　B　行政区域(地域名　　　　　　　　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通信内容 | |  |  | | |  | |  | |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  |
|  |  | | |  | |  | |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  |
|  |  | | |  | |  | |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  |
|  |  | | |  | |  | |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  |
|  |  | | |  | |  | |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  |
|  |  | | |  | |  | |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  |
|  |  | | |  | |  | |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  |
|  |  | | |  | |  | |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  |
|  |  | | |  | |  | |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  |
| 通信の可否 | | | | | | 可・否 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注意  　1　通信日前日の正午までに提出してください。  　2　通信文は簡潔に表現してください。  　3　文字は読みやすく、ていねいに書いてください。  　4　※印欄は記入しないでください。 | | | | | | | | | | | | | | | | | | | | | | 処理※ | 通信時間 | | | | 日　時　分 | | | | | |
| 通信番号 | | | |  | | | | | |
| 通信取扱者 | | | |  | | | | | |
| 無線従事者 | | | |  | | | | | |