

Virginia “Missing Child with Autism Alert” Termination Form

We are terminating the “Missing Child with Autism Alert” originated by our agency. Please broadcast the following information as necessary.

Text Follows

The “Missing Child with Autism Alert” which was transmitted earlier for

(Full name) _____, missing from

(Street) _____

(City or County) _____, has been

_____ canceled. The “Autism Alert” for (Full name)

_____ has been cancelled.

_____ If there are any problems with or questions about the contents of this fax, call

_____ at

_____ (NAME)

_____ (PHONE)

Text Ends

Originating Agency: _____