



National Weather Service
State Climatology Office

MINNESOTA CLIMATOLOGICAL NETWORK

Year	

		am
		pm
Ob Time		

County	

Township			

Range	

Section	

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Name	County Name	Township Name
Address		Telephone No. ()

	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.
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Sums												
Means												

Use this form for your personal record keeping.
Use single month forms when sending data to your network sponsor
or to the State Climatology Office.