

# NCSO COMMUNICATIONS

## TEXT MESSAGE / ALPHA PAGER - INFORMATION FORM

AGENCY / FIRE COMPANY: \_\_\_\_\_

NAME: \_\_\_\_\_

NEW / UPDATE / DELETE (CIRCLE ONE)

PHONE / PAGER (CIRCLE ONE)

PHONE / PAGER NUMBER: \_\_\_\_\_

PHONE / PAGER SERVICE PROVIDER (EX: VERIZON): \_\_\_\_\_

MEMBER OF (CHECK): FIRE COMPANY: \_\_\_\_\_

FIRE COORDINATOR STAFF: \_\_\_\_\_

COUNTY HAZMAT TEAM: \_\_\_\_\_

COUNTY FIRE INVESTIGATION UNIT: \_\_\_\_\_

OTHER - \_\_\_\_\_ : \_\_\_\_\_

INFORMATION ON THIS FORM WILL BE USED TO ENTER THE ABOVE NUMBER(S) TO RECEIVE PAGES / TEXT MESSAGES FROM THE NCSO COMMUNICATIONS ALPHA PAGING / TEXT MESSAGING SYSTEM. WHEN RECEIVING THESE PAGES / TEXT MESSAGES THE BILLABLE OWNER OF THE PAGER / PHONE WILL BE RESPONSIBLE FOR ANY CHARGES INCURRED FROM THE PAGER / PHONE PROVIDER FOR RECEIVING PAGES OR TEXT MESSAGES.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FIRE CHIEF SIGNATURE: \_\_\_\_\_