



Suffolk County Department of Fire, Rescue, and Emergency Services

Alpha Paging Request/Update Form Return via fax to 631-852-4814.

Notice: Suffolk County Department of Fire, Rescue, and Emergency Services (SCFRES) makes no express or implied warranties of performance, delivery, or content of messages sent to wireless phones. This service is provided as a supplemental notification to the standard tone and voice dispatch and, as such, is to be considered a courtesy. SCFRES is under no obligation to provide this service. Additionally, SCFRES is not responsible for messages that are lost or significantly delayed due to transmission via the Internet. SCFRES will make every good faith effort to keep this service operational. It may become necessary to perform maintenance, effectively shutting off the service. No notice will be provided for outages related or unrelated to maintenance. SCFRES is not responsible for the costs associated with message delivery. Recipients are responsible for the cost of messages received in excess of their text messaging plan. Contact your wireless carrier for details regarding text messaging plans and costs.

DATE:	DEPARTMENT/AGENCY:	BASE STATION ID:	CONTACT NUMBER:	FAX NUMBER:

TECHNICAL CONTACT NAME:	PHONE NUMBER:	E-MAIL ADDRESS:

REQUEST TYPE <small>Add/Del/Updt</small>	NAME	CHIEF? <small>(Yes/No)</small>	BADGE # ** <small>(REQUIRED)</small>	CELL #	CELL PROVIDER	PAGER # <small>(Include Pin if reqd)</small>	PAGER PROVIDER

*** Please do not use chief, captain, or lieutenant identification numbers.*

DEPARTMENT GROUP PAGE *(Technical contact information MUST be provided if your department is using a distribution list.)*

If applicable, provide the E-mail address for your department-maintained distribution list (i.e. - paging@department.org). This is an E-mail address created by your IT staff and should be provided in lieu of identifying individual members above. Contact SCFRES for more information, if needed.

_____ *Print name and title of person completing form*

_____ *Signature*

_____ *Date*

_____ *Print Chief of Department*

_____ *Signature*

_____ *Date*

_____ *Print SCFRES Employee*

_____ *Signature*

_____ *Date*