

Application for Participation in GOSHEN COUNTY TEXT PAGING SYSTEM

DROP OFF or FAX completed form to Goshen County IT @ 307-532-1225

v6-5/06/2015

Date of Application:

ALL SHADED FIELD MUST BE COMPLETED Applications will be returned if INCOMPLETE or ILLEGIBLE

Please PRINT legibly

NEW Application	<input style="width: 100%;" type="checkbox"/>	MUST
CHANGE	<input style="width: 100%;" type="checkbox"/>	Choose
DELETE Acct	<input style="width: 100%;" type="checkbox"/>	one

Name:	<input style="width: 100%;" type="text"/>
Address:	<input style="width: 100%;" type="text"/>
City:	<input style="width: 100%;" type="text"/>
Zip:	<input style="width: 100%;" type="text"/>
Badge/ID #:	<input style="width: 100%;" type="text"/>

Fire	EMS	County SAR	OTHER	TOWN / CITY
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Mark <u>ALL THAT APPLY</u> with an "X"				

Phone Number for pages to be sent to:	<input style="width: 100%;" type="text"/>	SERVICE PROVIDER	<input style="width: 100%;" type="text"/>	(eg Verizon, Union. Etc)
Participants Email:	<input style="width: 100%;" type="text"/>			
Do you want your page sent to you email also?	<input style="width: 100%;" type="text"/>	YES or NO		

DISCLAIMER: BY SIGNING THIS FORM

1) I expressly acknowledge that participation in the GCIT text/narrative messages by communication devices or methods other than established, primary emergency radio paging systems **IS NOT TO BE USED AS MY PRIMARY SOURCE FOR RECEIVING EMERGENCY NOTIFICATIONS** for response calls for my agency.

2) I further understand that the technology used to alert emergency responders through this systems utilizes commerical technology which can **significantly delay messages being sent to me.**

3) I further acknowledge I will notify my commander immediately in the event that any information changes so that these changes can be updated in the GCIT Text Paging System. **Goshen County IT is not responsible for missing, incorrect or out-of-date information whatsoever.**

4) In addition, I understand that narrative information, event directions and incident locations can be in error and information **shall always** be confirmed through voice contact with the communications center.

	PARTICIPANT		date		AGENCY HEAD		date		
SIGNED:	<input style="width: 100%;" type="text"/>		/ /	SIGNED:	<input style="width: 100%;" type="text"/>		/ /		
PRINTED:	<input style="width: 100%;" type="text"/>							PRINTED:	<input style="width: 100%;" type="text"/>

IT USE ONLY

Date Received:	Initials:	Misc Notes:
Date Entered:	Initials:	
Date Updated:	Initials:	Reason Rejected: Initials:
Date Removed:	Initials:	