

# Community Outreach Request Form

Thank you for your interest in inviting the State 911 Department to participate in your event. It is our goal to educate the public about 9-1-1 in Massachusetts as well as about the very important programs within our agency including the Massachusetts Equipment Distribution Program and MassRelay. Please fill out the form and return to the address below. We look forward to working with you!

**Name of organization:** \_\_\_\_\_

**Name of contact person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Event/activity:** \_\_\_\_\_

**Date/Time of event:** \_\_\_\_\_

**Location of Event:** \_\_\_\_\_

**Target audience:** \_\_\_\_\_

**Number of people expected:** \_\_\_\_\_

**Briefly describe event:**

\_\_\_\_\_  
\_\_\_\_\_

Please return form via fax/email/mail to:

State 911 Department  
1380 Bay Street, Building B  
Taunton, MA 02780  
Attn: Noelle Merchant  
[Noelle.merchant@state.ma.us](mailto:Noelle.merchant@state.ma.us)  
Fax: 508-828-2587

If you have any questions please contact Noelle Merchant at 508-821-7205 or  
[Noelle.merchant@state.ma.us](mailto:Noelle.merchant@state.ma.us).