

Originated by: \_\_\_\_\_

Name: \_\_\_\_\_

PSAP Name: \_\_\_\_\_ Date: \_\_\_\_\_

County: \_\_\_\_\_ Time: \_\_\_\_\_

<input type="checkbox"/> <b>Incorrect Name</b>	<input type="checkbox"/> <b>Incorrect House #</b>	<input type="checkbox"/> <b>Incorrect Street</b>
<input type="checkbox"/> <b>Incorrect Community</b>	<input type="checkbox"/> <b>Incorrect Location</b>	<input type="checkbox"/> <b>Incorrect ESN</b>
<input type="checkbox"/> <b>Misrouted Call</b>	<input type="checkbox"/> <b>Record Not Found</b>	<input type="checkbox"/> <b>*Other</b>

\* If Other explain: \_\_\_\_\_

ALI Screen Display **	Display Should Read
Telephone #:	Telephone #:
Name:	Name:
Address:	Address:
Community:	Community:
Location:	Location:
ESN:	ESN:
Other:	Other:
<p>** Attach printout of ALI Screen if desired.  Source of Correction: _____</p>	

Municipal Database Liaison (signature): \_\_\_\_\_

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

*This section for Verizon Only: CONTROL #* \_\_\_\_\_

ALI Database Corrected Date: \_\_\_\_\_ By: \_\_\_\_\_

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FAX completed form to Verizon 9-1-1 Database Management  
 1-800-839-6020**