**PSAP Contact Information Update Form**

Please submit the completed form using either method below:

1. Email to: **EPS-DL-911ChangeRequest@mass.gov** (preferred)
2. Fax to: **508-828-2585**

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| **General PSAP Information** | **Effective Date:**  |
| PSAP Name:  |

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| **Police Chief’s Name:**  | **Fire Chief’s Name:**  |
| Email Address:  | Email Address:  |
| Mailing Address:  | Mailing Address:  |
| City:  | Zip Code:  | City:  | Zip Code: |
| Business Phone:  | Business Phone:  |
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| **Director** (RECC only) |
| Name:  | Business Phone:  |
| Email Address:  | Mobile Phone: |

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| **PSAP Supervisor** |
| Name:  | Title:  |
| Email Address:  | Business Phone:  |
| Department Working For:  | Mobile Phone: |

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| **GIS/Addressing Authority Contact** |  |
| Name:  |  This person is the authoritative source of address |
| Email Address:  |  information for the municipality. If the town has  |
| Department Working For:  |  a Geographic Information Systems department, then  |
| Mailing Address:  |  a representative from that department should be  |
| City:  | Zip Code:  |  listed.  |
| Business Phone:  |  |
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| **Signature of Appointing Authority:** |  |
| Printed Name |  |
| Title:  |  |