**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: |  |