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: Ronnie Zuniga
ronnie.zuniga@state.ma.us
Fax: 508-828-2587

If you have any questions please contact Ronnie Zuniga at 508-821-7205 or ronnie.zuniga@state.ma.us