

RENSSELAER COUNTY BUREAU OF PUBLIC SAFETY

**Agency Contact Information
This Data Must Be Updated Annually**

DATE: _____ NY Alert Data Updated _____ NY Alert Data Attached

AGENCY: _____

STATION PHONE: _____

AGENCY E-MAIL ADDRESS: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

POST OFFICE: _____ ZIP CODE: _____

WEB SITE: _____

CHIEF: _____

MAILING ADDRESS: _____

POST OFFICE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ SMS CAPABLE LIST CARRIER: _____

PAGER: _____ SERVICE PROVIDER: _____

E-MAIL ADDRESS: _____

1st ASSISTANT CHIEF: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ SMS CAPABLE LIST CARRIER: _____

PAGER: _____ SERVICE PROVIDER: _____

E-MAIL ADDRESS: _____

CODE 100 PRIMARY: NAME: _____ CONTACT PHONE: _____

ALTERNATE: NAME: _____ CONTACT PHONE: _____

RENSELAER COUNTY BUREAU OF PUBLIC SAFETY
Agency Contact Information
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2ND ASSISTANT CHIEF: _____

HOME PHONE: _____ **WORK PHONE:** _____

CELL PHONE: _____ **SMS CAPABLE LIST CARRIER:** _____

PAGER: _____ **SERVICE PROVIDER:** _____

E-MAIL ADDRESS: _____

TRAINING OFFICER: _____

HOME PHONE: _____ **WORK PHONE:** _____

CELL PHONE: _____ **SMS CAPABLE LIST CARRIER:** _____

PAGER: _____ **SERVICE PROVIDER:** _____

E-MAIL ADDRESS: _____

PRESIDENT: _____ **CONTACT PHONE:** _____

CELL PHONE: _____ **SMS CAPABLE LIST CARRIER:** _____

PAGER: _____ **SERVICE PROVIDER:** _____

E-MAIL ADDRESS: _____

GOVERNING BODY: ___ FIRE DISTRICT ___ FIRE COMPANY ___ ASSOCIATION ___ OTHER

MAILING ADDRESS: _____

POST OFFICE: _____ **ZIP CODE:** _____

CHAIRMAN: _____ **CONTACT PHONE:** _____

E-MAIL ADDRESS: _____

SUBMITTED BY: _____ **TITLE:** _____

<i>BPS ONLY</i>	
<i>DATA ENTERED BY:</i> _____	<i>DATE:</i> _____