



Station: _____

Date: _____

Chief/Captain Signature: _____

*****NOTE: Text message rates apply*****

*****Members will be billed by their cell phone provider according to their service agreement*****

Name (last name,First name	Cell phone number	Carrier	Add to Fire Only	Add to EMS only	Add to both Fire and EMS

****Chiefs and Captains must submit completed forms to Public Safety****

****Requests for additions/deletions will only be accepted from agency Captains or Chiefs****