



COUNTY OF ULSTER

EMERGENCY COMMUNICATIONS / EMERGENCY MANAGEMENT
238 GOLDEN HILL LANE
KINGSTON, NEW YORK 12401-6440

PAGING SYSTEM INFORMATION REQUEST FORM

FILL IN ALL INFO THAT APPLIES

Date: _____ Department Name: _____

Members Name: _____

Pager # _____ Service Provider: _____

Cell Phone # _____ Service Provider: _____

E-Mail Address: _____

Accountability Tag # *(IF APPLICABLE)*: _____

ADD:

CHANGE:

DELETE:

Officer Submitting Request: _____

SIGNATURE: _____

(REQUIRED WHEN FAXING)

******* Form must be submitted by a Chief Officer to be added to Dept. Group Page *******

OFFICIAL USE ONLY:

ID Assigned: _____ TESTED: _____ RESULTS: _____

(DATE)

Created by: _____

Submit Form via E-mail to spet@co.ulster.ny.us or Fax to (845) 331-1738