

**BERKS COUNTY DEPARTMENT OF EMERGENCY SERVICES
TEXT PAGING/INTERNAL ALERTING ADMINISTRATOR DESIGNATION FORM**

The purpose of this document is to designate the individual in a Berks County dispatched emergency services organization that will be responsible for administering the organization's membership list in the new text paging system.

Additionally, this will be the individual who is able to initiate alerts for the organization. The intention is to eventually allow an organization to submit multiple text paging administrators. However, to facilitate set-up and deployment of the system, this authorization is currently limited to one person/organization.

Please hold all questions until further information can be made available. Training will be provided in the near future. This process is a small step in a fairly large project.

Organization:

Administrator's Name:

Administrator E-mail (NOTE: It is critical that this email address be stable through the implementation phase of the project [will not change before September, 2010]):

Administrator's Phone Number:

Name of Person Completing Form:

Title of Person Completing Form:

Date:

Please complete this form and return by email
bgottschall@countyofberks.com
or fax.
610-374-8865