

**Out of County Text Notification Request Form**

**Date of Request:** Click to enter date.

**Requestor Information**

**Agency Name:** Click to enter name.

**Agency County:** Click to enter county. **Agency Number:** Click to enter station #.

**Agency Address:** Click to enter address.

**Agency Contact Person:** Click to enter contact. **Phone Number:** Click to enter phone #.

**Email Address:** Click to enter email.

**Email Address for Advance Text Notifications (only 1 email will be accepted):**

Click to enter email address.

**Requesting Agency Chief Signature: Date:**

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**Endorsement of Berks County Chief –** Out of county agencies are required to obtain the endorsement of a partnering Berks County Fire or EMS agency or the Director of Berks DES to be considered for this service.

**Berks Agency Chief Name:** Click to enter name. **Phone Number:** Click to enter phone #.

 **Email Address:** Click to enter email.

**Berks Agency Name:** Click to enter agency name.

**Signature: Date:**

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**A properly executed OoC Text Notification MoU must accompany this form.**

**Return Completed Documents to:** **Berksdes@countyofberks.com** **or FAX 610.374.8865**

**For DES Use Only:**

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| **Date Form Received:** |  |
| **Form Received By:** |  |
| **MOU Received:** |  |
| **Text Notifications Set Up:** |  |
| **Agency POC Notified:** |  |