| **Date of Update** | **Municipality** | **Fire Agency** | **EMS Agency** | **Run Card Number** | **CAD Box #** |
| --- | --- | --- | --- | --- | --- |
| Click or tap to enter a date. |  |  |  |  |  |
| **Authorization Page for Partial Run Card Submissions****(one box must be checked)****This page must be completed by the individuals authorized to submit run card changes per the Emergency Services Run Card Change Authorization form on file.**[ ]  **By signing below, you are acknowledging that this is a partial run card submission of only the EMS call type page 5 and the remainder of the run card, fire call type responses and apparatus lists, shall remain unchanged from the most recent run card on file with DES.**[ ]  **By signing below, you are acknowledging that this is a partial run card submission of only the Fire Response pages 1 through 4 and the remainder of the run card, EMS call types and resource list on page 5, shall remain unchanged from the most recent run card on file with DES.** |
| **Fire Authorization** |  |  |
| **Signature:** |  |  |
| **Date:** | Click or tap here to enter text. |  |
| **Name:** | Click or tap here to enter text. |  |
| **Title/Position:** | Click or tap here to enter text. |  |
| **EMS Authorization** |  |  |
| **Signature:** |  |  |
| **Date:** | Click or tap here to enter text. |  |
| **Name:** | Click or tap here to enter text. |  |
| **Title/Position:** | Click or tap here to enter text. |  |

Email: BerksDES@countyofberks.com OR FAX: 610.655.4902

Form Updated 11/3/2021