| **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](mailto:BerksDES@countyofberks.com) OR FAX: 610.655.4902

Form Updated 11/3/2021