**BERKS COUNTY DEPARTMENT OF EMERGENCY SERVICES**

**TEXT PAGING/INTERNAL ALERTING ADMINISTRATOR DESIGNATION FORM**

**Organization Name:**

**Date:**

**Administrator (one per organization):**

NOTE: Responsible for administering the organization’s membership list in the new text paging system. This will be the individual who is able to initiate alerts for the organization.

**First Name:** **Last Name:**

**E-Mail:**

**Contact Number:** **[ ]  - Mobile** **[ ]  - Home** **[ ]  - Work**

**Alternate Contact Number:** **[ ]  - Mobile [ ]  - Home [ ]  - Work**

**3rd Party Messaging Application Email (i.e. Active911, Iamresponding):**

**Log-in information will be provide to you upon receipt of the form.**

**Submissions can be done via fax, mail, or e-mail to berksalert@countyofberks.com**

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| **DES Use Only** |
| **Form Received By:** |  |
| **User Name:** |  |
| **Password:** |  |