



State of Vermont
 Enhanced 9-1-1 Board
 100 State Street
 Montpelier, VT 05620-6501
 e911-info@state.vt.us

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New/Modified Emergency Service Zone Worksheet

Each town has one or more emergency service zones which are the exact combination of police, fire, and emergency medical service providers responding to each structure on each street in the town. Any changes in provider information (name, contact person, dispatching agency, emergency and non-emergency telephone numbers, and service territory) must be reported to the Vermont Enhanced 9-1-1 Board promptly.

INSTRUCTIONS:

1. Mark exact boundaries of the new/modified service territory on a town atlas/map.
2. Obtain ALL information called for on this worksheet. It is strongly recommended that you verify this new/modified emergency service zone with all service providers.
3. Return the atlas/map and this worksheet to:

Vermont Enhanced 9-1-1 Board
 100 State Street
 Montpelier, VT, 05620-6501

OR

Fax: 802-828-4109

TOWN _____

DATE _____

Name, Address and Daytime telephone number of person completing worksheet:

EMERGENCY SERVICE ZONE REQUEST

- Add New Zone New ESN (if known) _____ (Indicate New Agency Information)
- Modify a Zone ESN# _____ (Indicate Current Agencies)

Briefly Describe Your Request: _____

LAW ENFORCEMENT

Name of Service Provider	Ten-Digit Emergency Telephone Number
Service Provider Mailing Address	Service Provider Locatable Address
Service Provider Contact Person	Contact Person Mailing Address
Contact Person Daytime Telephone Number	
Who dispatches for this department?	Non-emergency telephone number for dispatch

Have you contacted the Law Enforcement Service Provider to verify this information?

When? _____ Who did you talk to? _____

FIRE DEPARTMENT

Name of Service Provider	Ten-Digit Emergency Telephone Number
Service Provider Mailing Address	Service Provider Locatable Address
Service Provider Contact Person	Contact Person Mailing Address
Contact Person Daytime Telephone Number	
Who dispatches for this department?	Non-emergency telephone number for dispatch

Have you contacted the Fire Department to verify this information?

When? _____ Who did you talk to? _____

EMS

Name of Service Provider	Ten-Digit Emergency Telephone Number
Service Provider Mailing Address	Service Provider Locatable Address
Service Provider Contact Person	Contact Person Mailing Address
Contact Person Daytime Telephone Number	
Who dispatches for this department?	Non-emergency telephone number for dispatch

Have you contacted EMS Service Provider to verify this information?

When? _____ Who did you talk to? _____