

VERMONT ENHANCED 9-1-1 MSAG UPDATE FORM

Please note: New roads, road name changes, and address range changes require you to IMMEDIATELY update your MSAG with the VT E9-1-1 Board.

SECTION 1 – CHANGE/UPDATE REQUIRED

Add **Change** **Delete**

Street Name Range Community Name
 Odd, Even or Both Indicator Zone (ESN)

SECTION 2 – Address Range Currently in MSAG

Street _____
Low Range _____
High Range _____
Odd/Even/Both _____
Municipality/State _____
Zone (ESN) _____

SECTION 3 – Address Range Change or Addition

Street _____
Low Range _____
High Range _____
Odd/Even/Both _____
Municipality/State _____
Zone (ESN) _____

Remarks _____

Signature _____ Print Name _____
Telephone _____ Date _____

SECTION 4 (FOR SYSTEM PROVIDER USE ONLY)

E9-1-1 MSAG Corrected:

Date _____ Name _____

Remarks _____

E-Mail to: E911-Updates@state.vt.us
For information call: 800-342-4911



VERMONT ENHANCED 9-1-1 MSAG UPDATE PROCEDURE

SECTIONS 1, 2, & 3

These sections are to be filled out by the originator of the **Vermont Enhanced 9-1-1 MSAG Update** in the municipality.

The originator checks off the MSAG Change/Update Required - "ADD, CHANGE or DELETE" and the data element(s) to be updated.

ADD: Check the ADD box and fill out section 3, "Address Range Change or Addition".

CHANGE: Check the CHANGE box and all of the data element boxes to be changed. Fill out section (2) "Address Range Currently in MSAG". Also fill out *only the information to be changed* in section (3) "Address Range Change or Addition" (CHANGE is used to change or update an existing MSAG Range).

DELETE: Check the DELETE box. Fill out section (2) "Address Range Currently in MSAG". Also write the word delete across section (3) "Address Range Change or Addition" (DELETE is used to delete an existing MSAG Range).

REMARKS: This section is used for additional text to explain any pertinent information concerning this MSAG CHANGE/UPDATE.

SIGNATURE: The signature of the authorized municipal contact who approved the MSAG Update.

PRINT NAME: The printed name of the authorized municipal contact who approved the MSAG Update.

TEL NUMBER: The telephone number of the municipal contact who approved the MSAG Update.

DATE: The date the authorized municipal contact approved the MSAG Update.

SECTION 4 – FOR SYSTEM PROVIDER USE ONLY

Date: The date the E9-1-1 MSAG was corrected.

Name: The person who entered the MSAG Change/Update.

Remarks: This section is used for additional text to explain any pertinent information concerning this MSAG CHANGE/UPDATE.