

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. Complete ALL information called for on this worksheet. NOTE: You must obtain written confirmation of the new coverage from each new emergency service provider before any changes can be made. This documentation should provide the following info:
 - a. Acknowledgement of agreement to provide coverage, definition of area and effective date
 - b. Signature of LAW, FIRE or EMS authority
 - c. The documentation from the responder(s) should be on official letter head, or from a department email.
3. Return the atlas/map, this worksheet and the written agreement from the responder(s) to:

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

OR

Fax: 802-828-4109
Email: E911.Updates@vermont.gov

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? _____