



911 LOCATION DESIGNATION FORM

CUSTOMER INFORMATION

Business Name: _____

Contact Name: _____

Contact Phone Number: _____

Can we communicate via text?

Yes

No

Contact Email: _____

EMERGENCY NOTIFICATION DESIGNATION

It is required by the FCC that your organization declare someone or a third party to receive a notification when an Emergency (911) number is dialed within your organization. This notification will let you know when and where in your organization an Emergency number was dialed.

Provide the following information:

Name (s) of Person or 3rd Party Being Notified: _____

Email: _____

Out dialed Number (10 digit number): _____

**I understand that if this information changes, it is my responsibility to notify TCT immediately and provide updated contact information.*

Opt Out:

You can choose to not participate in this notification practice, but your organization assumes all risks and liabilities of doing so. (requires initials below)

Initial to authorize opt out: _____

By signing, you are agreeing that the information provided is accurate to the best of your ability and you agree to notify TCT of any changes to this information.

Print Name: _____ Job Title: _____

Authorized Signature: _____ Date: _____



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It is required by the FCC that you provide a precise dispatchable location with every 911 call. To provide this, the following information must be collected and maintained by the customer to ensure compliance with 911 laws. Please provide all information that applies to your business.

EXTENSION LABEL OR FIRST & LAST NAME	DEPARTMENT	DIRECT DIAL NUMBER	EXTENSION NUMBER	VOICE MAIL?	PHYSICAL ADDRESS	BUILDING NUMBER	FLOOR NUMBER	ROOM NUMBER	ADDITIONAL LOCATION INFORMATION
				Y N					
				Y N					
				Y N					
				Y N					
				Y N					
				Y N					
				Y N					
				Y N					
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				Y N					

By signing, you are agreeing that the information provided is accurate to the best of your ability and you agree to notify TCT of any changes to this information.

Print Name: _____ Authorized Signature: _____ Date: _____