Suffolk County Department of Fire, Rescue, and Emergency Services

Alpha Paging Request/Update - **PLEASE CLICK ON SIGNATURE ON THE BOTTOM WHICH WILL PROMPT TO SAVE FILE -THEN EMAIL TO FRESPAGING@SUFFOLKCOUNTYNY.GOV**

Notice: Suffolk County Department of Fire, Rescue, and Emergency Services (SCFRES) makes no express or implied warranties of performance, delivery, or content of messages sent to wireless phones. This service is provided as a supplemental notification to the standard tone and voice dispatch and, as such, is to be considered a courtesy. SCFRES is under no obligation to provide this service. Additionally, SCFRES is not responsible for messages that are lost or significantly delayed due to transmission via the Internet. SCFRES will make every good faith effort to keep this service operational. It may become necessary to perform maintenance, effectively shutting off the service. No notice will be provided for outages related or unrelated to maintenance. SCFRES is not responsible for the costs associated with message delivery. Recipients are responsible for the cost of messages received in excess of their text messaging plan. Contact your wireless carrier for details regarding text messaging plans and costs.

DATE:	DEPARTMENT/AGENCY:	AGENCY ID:	CONTACT NUMBER:	FAX NUMBER:

PERSON COMPLETING FORM:	PHONE NUMBER:	E-MAIL ADDRESS:

- Incomplete forms and forms not signed by a Chief Officer will be returned.
- Do not use chief, captain, or lieutenant identification numbers.
- If a member does not know their service provider they should send a text message to an email address via the text messaging service on their phone.

REQUEST TYPE Add/Del/Updt	NAME	CHIEF? (Yes/No)	MEMBER/ BADGE# (REQUIRED)	PHONE #	SERVICE PROVIDER

Print Chief Officer Name *Signature* *Date*

Print SCFRES Employee *Signature* *Date*

Reset