



Emergency Responder Radio Coverage System Notification Form

Please fill out all applicable sections

ERRCS

F.D. Permit Number _____

_____ Date

Location of system

Address: _____ City: _____

Description of structure/property. Please be as specific as possible:

Location of Bi-Directional Amplifier (BDA) and Uninterruptable Power Supply (UPS):

Contact (for questions)

Name: _____ Phone Number: _____

Email Address: _____

Please note: Phone and email is only used in case we have questions about your system

Name of installing Contractor/Company: _____

Estimated date of installation/completion: _____

You must notify the Fire District if the installation is cancelled, delayed, or modified.

For office use only:

Received by: _____ Date forwarded to Comm.: _____