



9-1-1 Messenger Text Paging System Device Registration List

Department: _____

	Member's Name	Device Type	Carrier	Device E-mail Address or Phone Number	Line Officer
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INSTRUCTIONS: List each device on this form that you would like registered in the text paging system.

Device Type: Indicate the type of device to receive the message. (i.e. Pager, Cell Phone, Blackberry, etc.)

Carrier: Indicate the wireless company providing the service (i.e. Metrocall, Sprint, AT&T, etc.)

E-mail or Phone Number: If you know the e-mail address of your device, enter it here. If not, enter the device phone number and LCWC will attempt to determine the e-mail address for you.

Line Officer: Place an 'X' in this column if the device is carried by a Line Officer of the department. These devices will be added to your department's Line Officers group.

When completed, fax form to 717-664-1128 or fire agencies can e-mail form to FireSupport@lcwc911.us, EMS agencies can email form to EMSSupport@lcwc911.us.