

THE COUNTY OF YORK

BOARD OF COMMISSIONERS

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ADMINISTRATOR-CHIEF CLERK

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Department of Emergency Services

Kelly M. Piero
CAD Administrator

Date:

Name and Title:

Agency:

Agency Address:

Agency City, State, Zip Code:

Attention CAD Administrator:

I am requesting to make the following changes to my Fire/EMS run cards:

These changes are requested with my authority and approved by the municipal official, as indicated by the signatures below.

Municipal Official

Date

Agency Chief

Date

Instructions for Completion and Submission of Box Change Requests

Please complete the appropriate fields. A municipal official is required for each municipality affected by the requested box change(s). The sign off must come from the highest ranking official for the municipality. **Changes will not be made without the necessary sign offs.** Please return the completed form, along with the requested changes, to the York County 911 CAD Administrator. Completed forms can be mailed, faxed or emailed to:

Kelly M. Piero

York County 911

120 Davies Dr.

York, PA 17402

kmpiero@ycdes.org

Fax: (717) 840-7535

Phone: (717) 840-2937

Please contact Kelly Piero with any questions regarding completion of this form.