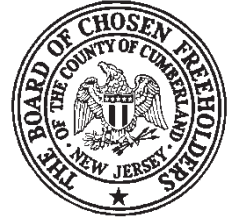




Cumberland County

Emergency Services & Public Protection



Text Messaging System

Registration Form

Last Name:	First Name:
Department Name:	Position:
Email Address:	
Wireless Carrier: (Example Verizon, Sprint, ATT, T Mobile)	Wireless Phone Number: Including Area Code ()
Device Type: (Example Cell Phone, Pager, PDA)	Device Ownership: (Agency or Personal)
Text Messaging Groups:	

- I understand that this is a Secondary Dispatch Service through Cumberland County Communications and is subject to the County transmitting data through privately owned systems, which Cumberland County Communications has no control over. These systems can be subject to delays and network problems; Cumberland County makes no guarantees to the timely delivery of these text messages. Registrants should NOT call the Communications Center to report delays or problems with text messages. General problems with messages should be reported to the Supervisor of your agency.
- I understand that there may be charges associated with text messages from my wireless carrier. I am responsible for any text messaging charges. I will contact my wireless carrier for information regarding text charges.
- The registrant, Department Supervisor or Cumberland County Communications may request to remove the device from the system at any time.

Registrant Name (Print)	Registrant Signature:	Date:
Department Supervisor: (Print)	Department Supervisor Signature:	Date:

Submit Registration Form to the On Duty 9-1-1 Supervisor.

Business # 856-455-8526 ext. 331

Fax # 856-455-0084 or 856-455-9515

For Official Use only

Added to Text Messaging System

Name:	Signature:	Date:
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