



**PUTNAM COUNTY
BUREAU OF EMERGENCY SERVICES**
Communications Division
112 Old Route 6
Carmel NY 10512
(845) 225 - 4860

PRE-PLANNED MUTUAL AID FORM

FORM MUST BE FAXED AT LEAST FIVE (5) DAYS PRIOR TO START DATE TO (845) 808-4013
OR EMAILED TO CINDY.JACOBSEN@PUTNAMCOUNTYNY.GOV AND SHAWN.MADSEN@PUTNAMCOUNTYNY.GOV
IF THIS REQUIRES OUR IMMEDIATE ATTENTION EMAIL THE FORM TO BOTH SUPERVISORS LISTED ABOVE

Date: _____ Department Requesting Mutual Aid: _____

Fire Chief or Ambulance Captain requesting Mutual Aid: _____
(print name)

Cell Phone #: _____

The County Coordinator assigned to your district must be notified of the mutual aid.

Has the County Coordinator been notified: Yes CC #: _____ Date _____ NO Reason: _____

Reason for Mutual Aid: _____

Has the mutual aid Fire Chief / Ambulance Captain been notified? YES - Name: _____ NO

Mutual Aid Request Details

START DATE:	START TIME:	END DATE:	END TIME:
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Closest Department/s Closest Specific Equipment: _____
(Ladder/Rescue/Tanker/etc.)

Other: _____
(specific department/equipment)

All Calls Fire Calls Only Ambulance Calls Only

MVA's Structure Fires Other: _____
(Specify Call Type)

****Requesting Chief/Ambulance Captain will be notified via cell phone of acknowledgement of request.****
****Solely submitting the form doesn't constitute receipt by the 911 Center.****

911 CENTER OFFICE USE ONLY

Date Received: _____ Received By: _____

Entered on I Am Responding Calendar for County Coordinators

Yes Date: _____ No Reason: _____