

EMERGENCY SERVICE ZONE DESIGNATION FORM

Instructions:

For each ESZ, please note the name of the emergency service provider by category-type and the name of the agency that dispatches the service. Each unique geographically split combination of Police, Fire, EMS (or First Responder), and Ambulance (or Medical Transport) should represent a separate zone.

Municipality: _____

Effective Date: _____

Name & Title of Person Completing Form: _____

Signature: _____

<i>Emergency Service Zone Number</i>	<i>Name of Service by Type</i>	<i>Name of Dispatch Agency for Service</i>	<i>Telephone Number of Dispatch Agency for Service</i>
1)	<i>Police:</i>		
	<i>Fire:</i>		
	<i>EMS or First Responder:</i>		
2)	<i>Police:</i>		
	<i>Fire:</i>		
	<i>EMS or First Responder:</i>		
3)	<i>Police:</i>		
	<i>Fire:</i>		
	<i>EMS or First Responder:</i>		
4)	<i>Police:</i>		
	<i>Fire:</i>		
	<i>EMS or First Responder:</i>		

Return to: Susan Alderson, ESCB, 18 State House Station, Augusta, ME 04333-0018 or email it to susan.a.alderson@maine.gov. You may also choose to use our Fax: (207) 287-1039.
 Questions? Call Susan Alderson at (207) 287-6084