

Texoma Council of Governments PSAP Supervisor Form

The below form contains basic information relating to your PSAP. Please provide the contact information below for the dispatch supervisor. In the event that TCOG staff is unable to make contact with the dispatch supervisor, please include contact information for the dispatch supervisor's immediate supervisor. Any changes in information on this form shall be immediately reported to the TCOG 9-1-1 Program in writing by completing a new form.

PSAP Information

Name of PSAP: _____

Physical Address: _____

Mailing Address: _____

Direct Phone to Dispatch: _____ Alternate Number: _____

Fax Number: _____

Number of Dispatchers: _____ Number of Positions: _____

Dispatch Supervisor Information

Name: _____ Title/Rank: _____

Office Number: _____ 24 Hour Contact Number: _____

Email Address: _____

Dispatch Supervisor's Immediate Supervisor Information

Name: _____ Title/Rank: _____

Office Number: _____ 24 Hour Contact Number: _____

Email Address: _____

Authorized Signature

Date