**TABLE 11: DISPATCH AGENCY**

**County:** **Reporting Year:**

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | Primary Contact: |  |
| Address: | |  | | |  | |
|  | |  | | |  | |
| Telephone Number: | |  | | |  | |
|  | |  | | |  | |
| Written Contract:  🞎 Yes 🞎 No | Medical Director:  🞎 Yes 🞎 No | | * Day-to-Day * Disaster | Number of Personnel Providing Services:  \_\_\_\_\_\_ EMD Training \_\_\_\_\_\_ EMT-D \_\_\_\_\_\_ ALS  \_\_\_\_\_\_ BLS \_\_\_\_\_\_ LALS \_\_\_\_\_\_ Other | | |
| Ownership:  🞎 Public 🞎 Private |  | | If Public:   * Fire * Law * Other   Explain: \_\_\_\_\_\_\_\_\_ | If Public: 🞎 City 🞎 County 🞎 State 🞎 Fire District 🞎 Federal | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | Primary Contact: |  |
| Address: | |  | | |  | |
|  | |  | | |  | |
| Telephone Number: | |  | | |  | |
|  | |  | | |  | |
| Written Contract:  🞎 Yes 🞎 No | Medical Director:  🞎 Yes 🞎 No | | * Day-to-Day * Disaster | Number of Personnel Providing Services:  \_\_\_\_\_\_ EMD Training \_\_\_\_\_\_ EMT-D \_\_\_\_\_\_ ALS  \_\_\_\_\_\_ BLS \_\_\_\_\_\_ LALS \_\_\_\_\_\_ Other | | |
| Ownership:  🞎 Public 🞎 Private |  | | If Public:   * Fire * Law * Other   Explain: \_\_\_\_\_\_\_\_\_ | If Public: 🞎 City 🞎 County 🞎 State 🞎 Fire District 🞎 Federal | | |