**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 |