

# ARMSTRONG COUNTY 911

## AGREEMENT TO PROVIDE TEXT MESSAGING

I, \_\_\_\_\_, request to be added to the 911 Computer  
Name

Aided Dispatch text messaging list for \_\_\_\_\_.  
Agency

I understand that text messaging is provided as a courtesy to emergency responders and should not to be considered as the primary method of alerting and dispatching emergency services in Armstrong County.

I agree to immediately notify Armstrong 911 of any change in status as an emergency responder with the agency listed above, or if I change my text messaging phone number.

I agree to maintain any and all information received via text messaging as confidential, and will only release said information to other emergency responders on a need to know basis.

I understand that violation of the terms of this agreement may result in loss of text messaging service from Armstrong 911.

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Carrier

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Fax this form to 724-548-3243 or email to [rdbaustert@co.armstrong.pa.us](mailto:rdbaustert@co.armstrong.pa.us)