



**State of New Hampshire
Department of Safety
Division of Emergency Services and Communications**



DESC Data Operations
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Laconia, New Hampshire 03246
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Mark E. Doyle, Director
Robert M. Lussier, Assistant Director
Timothy C. Scott, Assistant Director

E911 Data Operations Liaison Form

The Town/City of _____ has appointed the following individuals to serve as the Primary and Secondary E911 Data Operations liaison.

We authorize the individuals listed below to request and receive data from the Division of Emergency Services and Communications (DESC) and further authorize them to make any changes to the Master Street Address Guide (MSAG), Street Address Guide (SAG) and Mapping data used in the E911 system in order to ensure accurate location information.

Primary E911 Data Operations Liaison:

Secondary E911 Data Operations Liaison:

Name		Name	
Title		Title	
Phone		Phone	
Alt. Phone		Alt. Phone	
Fax		Fax	
Email <i>(Please Print Legibly)</i>		Email <i>(Please Print Legibly)</i>	
Signature		Signature	

The Division of Emergency Services and Communications Mapping Department has collected and processed the NH E911 GIS data for the Town/City of _____. The NH E911 GIS data has been accepted by the Town/City as being accurate therefore we can release this data to you.

By releasing this data to you, the Town/City of _____, you understand that you are responsible for maintaining the confidentiality of the data by releasing it only to those who have legal authorization to access it for emergency response purposes. The Division of Emergency Services and Communications and all associated data are protected under RSA 106-H:14 Information not Subject to Right-to-Know Law.

Depending upon the structure of the Town/City government, any of the following people may sign this form: Chairman of the Board of Selectmen; Chairman of the Town Council, Mayor, Town/City Manager, Town/City Administrator or other authorized designee.

By checking this box, we grant permission for the DESC to release our NH E911 GIS data, when requested, to the specific agencies that dispatch for us and any municipally contracted emergency service provider.

Signed this day _____ of _____, _____
Day Month Year

Signature Title

Town/City Mailing Address: _____