



PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES



Robert McMahon
Commissioner

Thomas C. Lannon Sr., *Director*
Emergency Management

Adam B. Stiebeling
Deputy Commissioner

Robert Cuomo, *Director*
Emergency Medical Services

Communications Unusual Occurrence Form

<i>Department</i>	<i>Alarm Date</i>	<i>Alarm Time</i>	<i>Date Form Completed</i>
<i>Location</i>		<i>Town</i>	
Inquiry Type			
<input type="checkbox"/> Informal <input type="checkbox"/> <i>No Reply necessary</i> <input type="checkbox"/> <i>Please Reply</i> <input type="checkbox"/> Formal			
Nature of Concern			
<input type="checkbox"/> Failure To Follow Procedure <input type="checkbox"/> Dispatcher Failed To Echo <input type="checkbox"/> Tones With No Voice Transmission <input type="checkbox"/> Tones Off Wrong Tower <input type="checkbox"/> Voice Off Wrong Tower <input type="checkbox"/> Other _____ _____ _____			
Comments/Additional Information			
<i>Form Completed By</i>		<i>Title</i>	
<i>Signature</i>		<i>Daytime Phone</i>	<i>Evening Phone</i>
Fax Completed Form To (845) 808 – 4010 Only! <i>Please hand deliver or fax this form as soon as possible</i>		<i>E-Mail Address</i>	
For Bureau Use			
<i>Date Received</i>	<i>Received VIA</i>	<i>Date Investigated</i>	<i>Date Replied</i>