

Automatic Mutual Aid Agreements Acknowledgement Form

By signing this form I acknowledge and accept the response plan(s), (box alarm assignments) proposed by the _____ Fire Department. The response plan(s) were reviewed edited as necessary to reflect proper apparatus assignments with the Chief(s) of the requested department and will hereby constitute an official authorization for participation in these agreed upon box alarm assignments.

By signing this document, I also acknowledge that only that apparatus requested on the response plan (agreed upon box alarm assignments) will respond unless specific requests are made by the Incident Commander or Chief of Department.

Signed,

(Requesting Fire Chief)

(Responding Fire Chief)

(Fire Department)

(Fire Department)

(Date)

(Date)

(Fire Coordinator's Office)

(Date)

Box Alarm assignments should be reviewed and updated at least on an annual basis. No changes in box alarm assignments will be implemented until signed copies of this acknowledgement form and the new box alarm assignment worksheets are on file in the Fire Coordinator's Office. This acknowledgement should also be reviewed and new signatures obtained each time a change occurs within the Office of the Fire Chief for any of the involved departments.

Received by 911 Center by: _____ Date: _____