



# LAKES REGION MUTUAL FIRE AID

62 Communications Drive, Laconia, NH 03246

## CHANGE REQUEST – COMPUTER-AIDED DISPATCH SYSTEM INFORMATION

Send completed forms to [cadchangerequest@lrmfa.org](mailto:cadchangerequest@lrmfa.org) or click the submit button.

Date of Request: \_\_\_\_\_ Requesting Party: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Department/Agency: \_\_\_\_\_

Change Type:      Addition                  Change                  Area: \_\_\_\_\_

Additional Information:

<input type="checkbox"/> New Location:	Response Table:
Primary Street:	
<input type="checkbox"/> New Occupant:	
Primary Contact:	Phone:
Address:	
Secondary Contact:	Phone:
Address:	
<input type="checkbox"/> Special Information:	
<input type="checkbox"/> Other:	

### LRMFA Use Only

Date Received:	Received by:
Entered into CAD System:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Entered by:	Date:
Entered into Special Contacts Database:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Entered by:	Date:
Receipt to Requesting Agency:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, State Reason:	
Sent Via:	<input type="checkbox"/> E-Mail <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Other
Sent By:	Date:

Information submissions by other media, i.e. fax, e-mail, etc. must be accompanied by this form.