



Date: _____

Name: _____

Address: _____

Town: _____ ZIP _____

Plymouth County Sheriff's Department
Communicator Emergency Notification System
Authorization Form for Telephone Numbers

Home Phone : _____

I agree to provide my published or unpublished home telephone number for the purpose the Plymouth County Sheriff's Department Rapid Notification system. I will be responsible for updating the Plymouth County Sheriff's Department of any changes for this number or address.

Signature

Printed Name

Form can be returned to: Plymouth County Sheriff's Department
24 Long Pond Road
Plymouth, MA. 02360
Attention: Field Services Division