



Suffolk County Department of Fire Rescue and Emergency Services

Watch Ops

Requestor's Name _____ Contact # _____

Requestor's Agency : Suffolk County Police Other _____

Alert Details: (What is the message?)

Alert Methods: Text Email Voice RSS Twitter Facebook
Smart911

Intended Delivery Target Area(s): (Choose One)

Zip Code (s): _____

Towns/Village(s): _____

Distance: _____ miles from address: _____

Time to launch:

To be launched immediately Scheduled launch time: _____

Contact info for recipients if response is requested:

Name or Agency _____

Contact Number, Email, Other _____

Authorization Section (Please Print):

Authorized by: _____ Title: _____