

SBC PAGING EMERGENCY PERSONNEL PROGRAM

SUPPORT SERVICES FAX: 248-538-1428

This is to certify that (Individual) _____
 is authorized to secure a pager(s) as a participant in the Emergency Services Plan
 paging program. As a participant in the program the individuals named below agree to comply with the rules,
 regulations and guidelines established for the use of the pagers as developed and approved by the chiefs
 of the associations. Two Year Agreement. Early Cancellation Fee: \$75.00

Form used to order additional departmental units.

Instructions to Chiefs, Please put an **X** in the box you wish the applicant to receive.

Sponsoring City: your department

- Fire Department
 Police Department
 Service Department
 Administration _____
 Recreation Department

GROUPS			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALL DATACAST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEWS INDIVIDUAL PAGER NO. _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPORTS INDIVIDUAL CAPCODE. _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MARKET UPDATE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BUSINESS NEWS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOTTERY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WEATHER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HOROSCOPE

NEW ACCOUNT IN INDIVIDUAL NAME
 ADD PAGER TO ACCOUNT NO. _____
 REPLACEMENT (note existing pager number)
 TWO YEAR RENEWAL (note existing pager number)
 EXISTING PAGER NUMBER _____

Circle One: Text/\$7.25/mo Numeric/\$4.60/mo

Name _____ (Please Print)

Home Phone _____

Work Phone _____

Driver License# _____

DOB _____

SSN# _____

Street _____ City _____ State/Zip _____

Street _____ City _____ State/Zip _____
 Previous Address (if moved within the last 6 Months)

Employer _____

Applicant's Signature* _____ PRINT NAME DATE SIGNED
 (Required on New & Renewal Accounts)

Authorizing Signature from Chief (only on new accounts) _____

OFFICE USE ONLY

Credit Class _____ Account # _____

Credit Reference Number _____ Deposit Amount _____

This hereby gives Ameritech the right to make an inquiry into the credit of the above signature in order to extend paging service to them.
 QUESTIONS??? Email MABAS@SBC.com