San Juan County

Communications Authority

House Watch & Field Responder Safety Entry Request

Date: _____ Time: _____

Requesting Field Responder: _____

Supervisor Approval: _____

Entry Request File Type:

Please select all that apply

- ☐ Hazard at a location (Enter in House Watch Address File)
- ☐ Informational (Enter in House Watch Address File)
- ☐ Person (Enter in LERMS "locals" file)

Name: _____ **DOB:** _____

Address: _____

Narrative (Please Note, Narrative will be entered exactly as written):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SJCCA USE ONLY

Entered By: _____ Date: _____

Reviewed By: _____ Date: _____

Internal Log Number: _____

SJCCA

FAX to SJCCA:
(505) 334-2880

Email to SJCCA:
paperwork@sjcounty911.net