



Lancaster County-Wide Communications Location Safety Alert / Critical Property Information Form

Check the information type you are submitting for the address.

(Note: If submitting information about an individual with a medical condition, use the PA Premise Alert form)

_____ Location Safety Alert (refers to issues involving persons at the location this could be for EMS, Fire or PD)

_____ Critical Property Information (referring to hazards with the property)

Residence / Business Name:

Address:

Municipality:

Explain in detail below about the reason for the Location Safety Alert/ Critical Property Information issue. The form must be typed, no handwritten submissions will be accepted.

Information included on this form is the responsibility and liability of the submitting agency. The Submitting agency must notify the other local (home) agencies of the alert. Information will need to be verified, at a minimum annually or when the status at the location changes, by the submitting agency or the alert will be removed from CAD after one year. Information must be submitted by a chief officer (FD), Sergeant or higher (PD), or EMS Supervisor (EMS).

When completed, email this form to SupportServices@lcwc911.us, or fax it to (717)664-1128 for entry into CAD.
This form may be reproduced.

Submitted By:
(Print)

Contact #:

Agency / Rank:

Date:

Reporting Person's Signature:

Notify Local PD

Emailed To:

Notify Local FD

Emailed To:

Notify Local EMS

Emailed To:

LCWC Use Only:

Received By:

Date Entered:

Expiration Date:

Dates Renewed: (Valid for one year after renewal date)

Make a copy for each service and place in their department file.