



SUPPLEMENTAL 'AUTOMATIC LOCATION INFORMATION' (ALI) WORKSHEET

State of New Hampshire
Department of Safety
Division of Fire Safety & Emergency Management
Bureau of Emergency Management, Emergency Communications Section
33 Hazen Drive, Room 105 (603)271-6911
James H. Hayes Building (603)271-6609 (fax)
Concord, New Hampshire 03305

DIRECTIONS FOR COMPLETING THE SUPPLEMENTAL 'AUTOMATIC LOCATION INFORMATION' (ALI) WORKSHEET

The purpose of this form is to add information to our database about a specific person at a specific location. This information shall be limited to the location of stored hazardous materials at a specific address or a list of permanent medical conditions of persons residing at a specific address. **DO NOT** include such information as doctor's information, medications, directions to residence, other contact information, etc. Information cannot be added to the database without an in-service telephone number.

Once information is entered into the database, each time a 9-1-1 call is received from the specified phone number, a supplemental screen will come up on the computers at the 9-1-1 call center showing the information you have supplied on this worksheet. It is the responsibility of the person completing this form to notify Emergency Communications of any information changes, address changes or telephone number changes. Please contact by mail at: 33 Hazen Drive, Room 105, Concord, New Hampshire 03305 or by phone at (603)271-6911 or (800)806-1242.

- PLEASE PRINT OR TYPE ALL INFORMATION
- IN ALL CASES WHEN THE WORKSHEET IS FILLED OUT BY SOMEONE OTHER THAN THE TELEPHONE SUBSCRIBER, WE WILL NOTIFY THE TELEPHONE SUBSCRIBER OF THE INFORMATION TO BE CONTAINED WITHIN THE SUPPLEMENTAL ALI DATABASE VIA CERTIFIED MAIL

- LINE 1 - The telephone subscriber is the person to whom the telephone service is billed.
- LINE 2 - The telephone subscriber's address - street name and number.
- LINE 3 - Self explanatory
- LINE 4 - If the person to whom this information refers is NOT the telephone subscriber, please print his or her name(s) on line 4(a) and on line 4(b), the relationship of this person to the telephone subscriber (e.g. Mother, father, brother, sister-in-law, friend, etc.). If this request is about hazardous materials or other property issues, skip lines 4(a) and 4(b).
- LINE 5 - If you are not the subscriber of this telephone, but you ARE completing this worksheet, please print your name on line 5(a).
- On line 5(b), please print your relationship with subscriber.
- On line 5(c), please note contact phone number of person completing this form.
- Line 6 - SIGNATURE of person on line 5(a).