

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

The purpose of this form is to add information to the 9-1-1 database about a specific person or hazardous situation at a specific location. Information should 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 the Bureau of Emergency Communications of any information changes, address changes or telephone number changes. Please contact by mail or by phone at (603)271-6911 or toll-free (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's landline/wired telephone AND cellular/wireless telephone number.

LINE 2 - The telephone subscriber is the person to whom the telephone service is billed.

LINE 3 - The telephone subscriber's mailing address.

LINE 4 - If the person to whom this information refers is NOT the telephone subscriber, please print his/her name(s) on line 4(a) and on line 4(b), the relationship of this person to the telephone subscriber (i.e. mother, father, child, brother, etc). If the information refers to a child living at the telephone subscriber's address, please provide the birth month and year for the purposes of appropriate pre-hospital dispatch instruction. 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).



SUPPLEMENTAL 'AUTOMATIC LOCATION INFORMATION' (ALI) WORKSHEET

State of New Hampshire Department of Safety
Division of Emergency Services and Communications,

33 Hazen Drive, Concord, New Hampshire 03305

Phone: (603)271-6911 Fax: (603)271-6609 (fax)

Digital form available on website: www.nh.gov/nh911

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.

Check applicable box:

This is a new worksheet	This is a revision of a previously submitted worksheet	This is a request to delete
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Please Print or Type Clearly:

LINE 1 Subscriber's Landline/Wired Telephone Number
(_____)_____ - _____

Subscriber's Cellular/Wireless Telephone Number
(_____)_____ - _____

LINE 2 Telephone Subscriber's Name: _____
Last

First Middle Initial

LINE 3 Telephone Subscriber's Mailing Address: _____
Number Street Name

NH

Town or City	State	Zip Code
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LINE 4

Name of person(s) to whom this information refers
(If Different from LINE 2):

A) _____
(Please Print)

B) _____
(Relationship to Telephone Subscriber - Print)

C) If information is regarding a child; please provide
month and year of birth: _____

LINE 5

Name of person completing the form IF other than
subscriber living at address:

A) _____
(Name of Person Completing Form - Print)

B) _____
(Relationship to Telephone Subscriber - Print)

C) _____
(Contact Person's Phone Number)

LINE 6

(Signature of Person Completing Form)

Check all that apply and/or BRIEFLY state information as it should appear on the 9-1-1 computer screen in the event of an emergency (submit ONLY permanent medical conditions or hazardous material storage location). DO NOT include list of medications (unless life sustaining allergy medications or blood thinners) or physician information. PLEASE use language understood by all:

Deaf or Hard of Hearing		Vision Impairment		Speech Impairment
Alzheimer's		Autism		Epilepsy
Pacemaker or Heart Condition		Developmental/Cognitive Disability		Diabetes
Uses Wheelchair		Uses Oxygen		Hazardous Materials on Site
OTHER:				

NOTE: A copy of this form will be mailed back to you via certified mail once it is entered into the database.

OFFICE USE: Entered into database on: _____ Initials: _____

Certified mail sent on: _____ Initials: _____