Onondaga County Public Safety Agency Premise Information Entry Form

Is this an original entry or an update to an existing entry?	Original	Update
Agency:		
If applicable indicate which station area address is in:		
Common Name of Business/Residence:		
Address:		
Tactical Information Plain language, No abbreviations or code	es	
Indicate Start Date:		
Indicate Expiration Date: (Note: Premise Information will automatically be expunged after 1 Year o information)	r 5 years depending on the	?
Additional Information:		
Submitted by:		
Rank:		
Upon completion of this form please send it to the Departme	ent of Emergency Con	nmunications
E-Mail: E9-PremiseHistory@ongov.net		
Fax: 315-435-8620		

Mail: Onondaga County Department of Emergency Communications 3911 Central Av

Syracuse, NY 13215