



# County of Berks Department of Emergency Services

DirectLink Technology Center ♦ 2561 Bernville Road ♦ Reading, PA 19605

## Emergency Services Run Card Change Authorization Form (Instructions on Reverse)

Municipality: \_\_\_\_\_

**Individual/Entity authorized to submit changes to responses (check only one):**

\_\_\_\_\_ Municipal Governing Body Only

\_\_\_\_\_ Fire Chief/EMS Chief of: \_\_\_\_\_

\_\_\_\_\_ Other Official (define): \_\_\_\_\_

**Geography This Authorization Pertains To (check only one):**

\_\_\_\_\_ Entire Municipality

\_\_\_\_\_ Only the portion of the municipality as defined below (**NOTE: A separate authorization must be completed for each portion of the municipality designated so that there are authorizations on file for the entire municipality**):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Response This Authorization Pertains To (check only one):**

\_\_\_\_\_ Fire Department Responses

\_\_\_\_\_ EMS (Ambulance) Responses

This authorization is given by: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**"To Assess, To Assist, To Advise"**

**ANY QUESTIONS REGARDING, OR REQUESTS FOR ASSISTANCE IN  
COMPLETING THIS FORM CAN BE DIRECTED TO THE BERKS COUNTY  
DEPARTMENT OF EMERGENCY SERVICES**

**Instructions to Complete This Form**

1. Municipality:
  - a. (Enter Name of the Municipality Providing the Authorization)
2. Individual/Entity authorized to submit changes to fire responses:
  - a. If the municipal officials require that all changes for responses in the area being addressed be approved by action of the governing body, check the "Municipal Governing Body Only" line.
  - b. If the municipal officials permit changes for responses in the area being addressed to be submitted by a fire chief/EMS chief or designee, check the "Chief" line and indicate which agency's head is so authorized.
  - c. If the municipal officials permit changes for responses in the area being addressed to be submitted by another official (Emergency Management Coordinator, Township Manager, etc.), check the "Other" line and indicate which official is so authorized.
3. Authorization Area
  - a. If the municipal officials desire that the authorization pertain to the entire land area of the municipality, check the "Entire Municipality" line.
  - b. If the municipal officials desire to limit the authorization to only a certain part of the municipality (such as when 2 fire company's cover one municipality, and the primary responsibility is split between them), check the "Portion" line and define the geographical area the authorization pertains to in the section below.
4. Type of Response
  - a. Indicate whether the form is being filed for FIRE or EMS responses (Separate form must be filed for each type).
5. Indicate the name, title of the signing official (Mayor, or Township Supervisor Chairperson), and date the document. Please attach any record of the authorizing action by the government body if available (Eg. a Resolution).

**VERY IMPORTANT: The municipal officials may file as many of these forms as desired, however, they must submit a separate form for each geographical area, and for each type of response (fire and EMS).**

This means that **AS A MINIMUM**, every municipality must file at least two forms:  
One designating the authorization for EMS responses in the WHOLE municipality,  
AND  
One designating the authorization for FIRE responses in the WHOLE municipality)