

**BERKS COUNTY DEPARTMENT OF EMERGENCY SERVICES  
CAD PREMISE ALERT REQUEST FORM**

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**LOCATION INFORMATION**

FULL STREET ADDRESS: \_\_\_\_\_

QUALIFIERS (ROOM, APT, ETC): \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_

OFFICIAL MAKING REQUEST: \_\_\_\_\_

CONTACT INFORMATION: \_\_\_\_\_ DATE: \_\_\_\_\_

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**AFFECTED DISCIPLINE(S)**

POLICE

FIRE

EMS

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**TYPE OF ALERT\***

ACCESS INFORMATION

SPECIALIZED RESOURCES

SPECIAL NEEDS OCCUPANTS

RESPONDER SAFETY

\* See Prevailing Version Of Berks DES Field User Operations and Procedure Manual for Definitions

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**ENTER DESIRED TEXT OF ALERT IN BOX BELOW**

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**BELOW LINE FOR DES USE ONLY**

REQUEST APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

ALERT ENTERED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

Return Completed Form to: [berksdes@berkspa.gov](mailto:berksdes@berkspa.gov) or FAX to 610-374-8865