

COLUMBIA RICHLAND 911 COMMUNICATIONS

FLAGGED LOCATION REQUEST FORM

Date: _____

Columbia-Richland 911 Communications
1800 Laurel Street
Columbia, SC 29201

Request Made By: _____
(Name and/or Agency)

Location To Be Flagged: _____

Type of Flag:

Medical _____
Special Care _____
Hazmat _____
Unsafe Structure _____
First Responder Safety _____
Other (Specify) _____

Individual: _____

Issue/Special Instructions: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Signature: _____

Phone: _____

* Information must be updated annually.

Form 2011-02

11/18/11