

EMERGENCY SERVICE ZONE DESIGNATION FORM

Instructions: For each ESZ, please note the name of the emergency service provider by type and the name of the agency that dispatches the service. Each unique geographically split combination of police, fire and rescue should represent a separate zone. If you have questions, please call 287-6084 for assistance.

Municipality: _____

Effective Date: _____

Name & Title of Person Completing Form: _____

Signature: _____

Emergency Service Zone Number	Name of Service by Type	Name of Dispatch Agency for Service
1)	<i>Police:</i>	
	<i>Fire:</i>	
2)	<i>Ambulance or First Responder:</i>	
	<i>Police:</i>	
3)	<i>Fire:</i>	
	<i>Ambulance or First Responder:</i>	
4)	<i>Police:</i>	
	<i>Fire:</i>	
4)	<i>Ambulance or First Responder:</i>	

Return to: Nancy Armentrout, ESCB, 18 State House Station, Augusta, ME 04333-0018 Fax: (207) 287-1039, or nancy.armentrout@maine.gov