



# Department Authorization Form

Purpose: Identify your department's persons with authority plus liaisons for particular areas of responsibilities. Submitted email addresses will be added to targeted distribution lists and are the only addresses we will add to Telecom's Outage Notification group. Your other staff can check Telecom's Status.io page for real-time updates.

**Unfilled roles will remain blank and your department may not receive those targeted communications.**

**Department:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**This is a...** (please check 1 box)


**Full Form Submission** - only names listed below should be our points of contact. Remove old contacts that don't match this form.

**Partial Form Submission** - I'm only changing the below marked roles. Incomplete fields should remain their previous submission.

<b>Department Head</b> The Department Head is the only person who can modify the Administrator, and he/she holds primary authority over their department's interactions with Telecom.		
Name	Email	Phone

<b>Administrator</b> If the Department Head wants to delegate his/her authority and Telecom involvement to an Administrator, list that person here. Only the Department Head and Administrator can sign this form and modify Liaisons. Administrator cannot modify Department Head.		
Name	Email	Phone

<b>Outage Notices</b>	<p>All persons listed on this form will be added to our outage distribution list. If you want additional people to receive outage notifications, provide a group email here (e.g. allstaff@youragency.com). This allows you to control who receives the notification as your staffing changes. Telecom will not add unlisted individuals to the outage notification list. Outages and system statuses will be publicly visible at <a href="http://status.wcpsn.net/">http://status.wcpsn.net/</a></p>	
-----------------------	---	--

**Liaisons** Every liaison role must have a noted Point of Contact or be marked N/A (not applicable). No liaison role defaults to your Department Head or Administrator unless explicitly noted. Our intent is to only contact your preferred representatives.

- In an effort to not restrict your department's decision making, Telecom assumes all persons on this form have your delegated authority to modify rosters/equipment, and to initiate purchases/repairs across all areas of responsibility. If that is not true, please clarify your delegated authority to your staff.
- Leaving a role blank may result in your department not receiving targeted information for that area of responsibility.
- Liaisons should be able to participate in calls or meetings related to their area of responsibility. They will be Telecom's contact on behalf of your department for testing and workflow issues and should understand the business rules/requirements of your department.

	N/A	(POC) Point of Contact Name	Phone	Email (individual or group)
Telephone/Cellular				
Human Resources				
Reports				
Training				
Radio				
Paging				
Mobile Devices				
CAD				
LawRMS				
ePCR				
FireRMS				

**User Account Agreement (to be signed by Department Head or Administrator)**

*I understand the purpose of this form is to identify the individuals from my department who are best suited to work beside Telecom in various roles and specialties. I understand their assumed authority by Telecom and I will delegate authority within my department if anything different. I understand that user accounts, passwords and tokens shall not be shared with anyone. My agency will notify Telecom within 72 hours if a token is lost, stolen, or damaged and replacement cost will be billed to my department. If the above designations change, I will submit an updated Department Authorization Form to help@wcoh.net.*

Signature	Date
-----------	------