

## USER AGENCY CHANGE OR REPORT REQUEST

Date of Request:

Requesting Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Agency: \_\_\_\_\_ Approving Supervisor: \_\_\_\_\_

**Change Request Type:**

Personnel Addition / Change or Deletion

Add / Change or Delete?	
Name	
Address	
City, State, Zip Code	
Home Telephone	
Cellular Number	
Cellular Carrier	
Pager	
Pager Company	
PSN	
Unit Number	
Require CAD Access?	Yes or No
MDC Access?	Yes or No
CADWEB Access?	Yes or No
Is their work completed in CAD DBM?	Yes or No

- Fire / EMS Run Card or Station Orders - Changes units assigned to fire/EMS calls
- Law Enforcement Beat Plans – Changes assigned units assigned to beats
- Target Response Addresses – Identifies specific resources to be sent to a specific address.
- Comment to Specific Address – Adds a note in the comment section of the call

- Boundary Line Change\*** – Line changes line for stations, beats, service area & response time zones
- Response Changes\*** – Changes an agency’s response on a given call type

**\*Special Note:** Both of these categories require documented approval from the appropriate committee or legal authority (*Fire Operations, Law Enforcement Council, Medical Program Director*) before CRESA will assign the job.

**Detailed Description:** Describe what data you would like to see. Please be as specific as possible (including map page and district/beat number for geographic data)

**Expected Functionality of the CAD Change:**

**Desired Completion Date:**

**If less than 30 days, please provide additional explanation for the need:**

**Thank you for completing this form!**  
**Please route this form to your agency’s assigned CRESA Liaison**

**CRESA Liaison:** FAX this form to 360-694-1954 or EMAIL to [CRESA.TECH@clark.wa.gov](mailto:CRESA.TECH@clark.wa.gov)

FOR CRESA STAFF INTERNAL USE: Control Number: \_\_\_\_\_

Review Required by Divisions    \_\_\_ 9-1-1 Operations                      Response Date: \_\_\_\_\_  
    \_\_\_ Emergency Medical Services                      Response Date: \_\_\_\_\_

Assigned to:                      \_\_\_ Roughton    \_\_\_ Fritz    \_\_\_ Mobley    Other: \_\_\_\_\_

Completion Date: \_\_\_\_\_                      Requestor Advised? \_\_\_\_\_