



# PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES

## Communications Division

112 Old Route 6  
Carmel NY 10512  
(845) 225 - 4860

### PRE-PLAN/MUTUAL AID FORM

|   |    |  |            |                                       |              |          |
|---|----|--|------------|---------------------------------------|--------------|----------|
| Department Name   |    | Form Composed By   |            |                                       | Rank         |          |
| <input type="checkbox"/> Short Term Mutual Aid <i>(Vehicle out of service, department temporarily out of service, etc.)</i> |    |  |            |                                       |              |          |
| Reason  |    | Date Start   | Time Start | Date End                              | Time End     |          |
| Description   |    |  |            |                                       |              |          |
| <input type="checkbox"/> Dispatch Closest Appropriate Department  |    | <input type="checkbox"/> Dispatch Closest Specialized Equipment                                    |            | <input type="checkbox"/> Other: _____ |              |          |
| <input type="checkbox"/> Mutual Aid Agreement   |    | <i>These are long term agreements that must be reviewed and approved by all departments yearly</i> |            |                                       | Date Start   | Date End |
| <input type="checkbox"/> Mutual Assist  |    | <i>This pre-plan must be reviewed and approved by your department yearly</i>                       |            |                                       |              |          |
| <input type="checkbox"/> Pre-Plan   |    | <i>This pre-plan must be reviewed and approved by your department yearly</i>                       |            |                                       |              |          |
| Common Name   |    |  |            |                                       |              |          |
| Address #   | or | Range From   | To         | Street                                | Town/Village |          |
| Description   |    |  |            |                                       |              |          |
|   |    |  |            |                                       |              |          |
|   |    |  |            |                                       |              |          |
|   |    |  |            |                                       |              |          |

**Signatures**

\_\_\_\_\_ District Chief

\_\_\_\_\_ Mutual Aid Chief

\_\_\_\_\_ Zone Battalion / EMS Director

\_\_\_\_\_ Commissioner

**Communications Center Use**

Added As  Pre-Plan  Special Instruction      Entered By: \_\_\_\_\_ Date \_\_\_\_\_

**A copy of this document must remain on file in the communications center**



MaryEllen Odell  
County Executive

Kenneth W Clair, Jr  
Commissioner

