



SUPPLEMENTAL 'AUTOMATIC LOCATION INFORMATION' (ALI) WORKSHEET

State of New Hampshire Department of Safety
Division of Emergency Services and Communication
Bureau of Emergency Communications
33 Hazen Drive, Room 105 (603)271-6911
James H. Hayes Building (603)271-6609 (fax)
Concord, New Hampshire 03305

In all cases when the worksheet is filled out by someone other than the telephone subscriber, we will notify the telephone subscriber of the information to be contained within the Supplemental ALI database.

TELEPHONE SUBSCRIBER INFORMATION (PLEASE PRINT OR TYPE)

Telephone Subscriber = Name of person to whom the telephone number is listed.

LINE 1 Telephone Subscriber's Name _____
Last First Middle Initial

LINE 2 Telephone Subscriber's Mailing Address _____
Number Street
Town or City State Zip Code

LINE 3 Subscriber's Telephone Number (_____) _____ - _____

LINE 4 Name of person(s) to whom this information refers (If Different from LINE 1)
A) _____
(Please Print)

B) _____
(Relationship to Telephone Subscriber - Please Print)

LINE 5 Name of person completing the form IF other than subscriber living at address:
A) _____
(Name of Person Completing Form - Please Print)

B) _____
(Relationship to Telephone Subscriber - Please Print)

C) (_____) _____ - _____
(Contact Person's Phone Number)

LINE 6 _____
(Signature of Person Completing Form)

Briefly state information as it should appear on our computer screen (ONLY permanent medical conditions or hazardous material storage location. DO NOT include list of medications or physician information) PLEASE use language understood by all:

CONFIRMATION LETTER SENT ON: _____
CERTIFIED LETTER NUMBER: _____
SENT BY: _____
DATA ENTERED INTO PSAP DATABASE BY: _____