



## Public Safety Answering Point (PSAP) Call Taking Boundary Change Form

Date Submitted: \_\_\_\_\_

### Acquiring PSAP

Official Agency Name: \_\_\_\_\_ Official Agency ID: \_\_\_\_\_

### Releasing PSAP

Official Agency Name: \_\_\_\_\_ Official Agency ID: \_\_\_\_\_

### Reason for Requesting PSAP Boundary Change

- Annexation: \_\_\_\_\_
- De-Annexation: \_\_\_\_\_

*All Annexations after July 1, 2000, must have the attached ordinances approved by the local municipality, filed with the County Clerk, have proof of submission & acceptance to the Ad Valorem Division of the Oklahoma Tax Commission to be considered legally effective. Title 11 §21-112 (Oklahoma Statutes Title 11. Cities and Towns, See Pg. 138)*

- Reduce Response Time / Local MOU: \_\_\_\_\_  
*Requires all local acquiring / releasing service provider signatures & Local MOU / Jurisdictional Agreements*
- Map Topology Correction: \_\_\_\_\_  
*Only applies to minor corrections that do not substantially impact responding service providers*

*All PSAP boundary changes require a map clearly denoting the area being changed.\*

Municipal Leadership should follow Appendix A: Oklahoma 911 Management Authority's GUIDELINES FOR MAINTENANCE OF MUNICIPAL BOUNDARY GIS FILES (OK.GOV/911 - GIS Tab)

911 Coordinator should follow Appendix B to notify the state of any PSAP boundary change: Oklahoma 911 Management Authority's 911 PSAP Boundary Change Request (OK.GOV/911 - GIS Tab).

Both Appendix A & B may be located at:

[https://oklahoma.gov/content/dam/ok/en/911/documents/Municipal\\_PSAPMtcGuidelines.pdf](https://oklahoma.gov/content/dam/ok/en/911/documents/Municipal_PSAPMtcGuidelines.pdf)

## Detailed Explanation of Requested PSAP Boundary Change

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**Local Acquiring Service Provider**

**Local Releasing Service Provider**

*All Service Provider signatures below are required for a Reduce Response Time / Local MOU Change*

<b><u>Fire</u></b> Signature Date Title Agency		
<b><u>Law</u></b> Signature Date Title Agency		
<b><u>EMS</u></b> Signature Date Title Agency		
<b><u>Other</u></b> Signature Date Title Agency		

**Acquiring PSAP Authorization**

**Releasing PSAP Authorization**

*Signatures below are required for all PSAP Boundary Changes*

Signature:		
Date:		
Title:		
Agency:		

**Documentation Completed By:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Signature: \_\_\_\_\_