



**New York State Division of Criminal Justice Services
Office of Public Safety**

EMERGENCY CONTACT ENTRY FORM

First Name: _____ **Middle Initial:** _____

Last Name : _____ **Title*** _____

Agency Name: _____

Agency Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Direct: _____ **Phone Cell:** _____

Fax Number: _____ **Pager Number:** _____

E-Mail Address: _____

***Title – must be CEO of the Agency**

Return Form to:

**NYS Division of Criminal Justice Services
Alfred E. Smith State Office Building
Office of Public Safety
80 South Swan St., 3rd Floor
Albany, NY 12210-8002**