Dauphin County Emergency Management Agency
Radio Alias Change Request

Radio Serial Number *(required)*	Radio ID # *(if known)*	Current Radio Alias	Current Unit/Apparatus Assigned to	Requested Radio Alias *(required)*	Requested Unit/Apparatus Assigned to

Requesting Agency Representative Signature: _____ **Date:** _____

Return completed form via email attachment to radioproject@dauphincounty.gov OR fax to 717-558-6850.

FOR DEMA USE ONLY

Subscriber Spreadsheet Updated? ☐ Updated Department Inventory emailed back to Dept. Contact? ☐

Astro25 System Updated? ☐ KMF Updated (if encrypted) ☐