DECATUR-GRADY 911
ACTIVE911 SIGN UP FORM

ACTIVE911 is an app that will alert you on your mobile device when your department is paged to a call. You will also receive alerts when units are cancelled on calls. The call location can be mapped to give you driving directions to the call. For more information, go to www.active911.com to see where you can download the app for your device.

Decatur-Grady 911 has a 90 day trial period for ACTIVE911 that will expire November 1, 2019.

To sign up for ACTIVE911, you will need to complete this form and return to Decatur-Grady 911 by email (911director@decaturgradye911.com) or fax (229-515-3257). You MUST have your agency head or supervisor's signature to verify your active status with your agency. Once the form is returned, we will send you a Device Code by text that you will enter in the ACTIVE911 App to activate your device. You will then begin receiving alerts for calls for your department.

After the 90 day trial is over, you will have the option to purchase the app. The cost of the app is $12.50 to $14.00 per year, depending on the number of active devices on the Decatur-Grady 911 account. You will receive an alert letting you know that the trial is expiring and will ask if you want to purchase the annual subscription.

First Name:_____ Last Name:_____

Mobile Phone Number: _____ Email Address: _____

Department (List all that apply):_____

Device Type: □Smartphone   □Cell (Not Smartphone)   □Tablet   □PC   □Landline

Operating Software: □IOS   □Android   □Windows

CONFIDENTIALITY NOTICE:

As a public safety responder for _____ (agency), I understand that the information I receive through Active911 from Decatur-Grady E-911's Computer Aided Dispatch (CAD) System is subject to the Georgia Open Records Act (O.C.G.A. § 50-18-70) which establishes the right to inspect and/or receive public records, excluding those that are specifically exempted by court order or law. I understand that the information I receive should not be released to any persons or agencies according to my department's Confidentiality and Open Records policies and procedures.

User Signature: _____ Date: _____

Agency Head/
 Supervisor Signature (REQUIRED): _____Date: _____

For 911 Purposes Only:

Entered By/Date:_____ Device Code: _____