



## 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](http://www.active911.com) to see where you can download the app for your device.

To sign up for ACTIVE911, you will need to complete this form and return to Decatur-Grady 911 by email ([tdgriffin@decaturgradye911.com](mailto:tdgriffin@decaturgradye911.com)) or fax (229-243-2613). 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.

**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.**

All information below is **required** for Active911 registration. If any information is incomplete or unreadable, we cannot create your user ID.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Department (List all that apply): \_\_\_\_\_

**REQUIRED:** Device Type:     Smartphone     Cell (Not Smartphone)     Tablet     PC  
 Landline

**REQUIRED:** 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: \_\_\_\_\_