

**REQUEST FOR PROGRAMMING FOR NEXTEL TEXT MESSAGING**

**DATE OF REQUEST:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**NEXTEL PHONE NUMBER:** \_\_\_\_\_

**PLEASE CHOOSE FROM THE FOLLOWING AVAILABLE GROUPS:**

- |                          |                                  |                          |            |                          |               |
|--------------------------|----------------------------------|--------------------------|------------|--------------------------|---------------|
| <input type="checkbox"/> | <b>WARRENTON FIRE</b>            | <input type="checkbox"/> | <b>ADD</b> | <input type="checkbox"/> | <b>DELETE</b> |
| <input type="checkbox"/> | <b>REMINGTON FIRE/RESCUE</b>     | <input type="checkbox"/> | <b>ADD</b> | <input type="checkbox"/> | <b>DELETE</b> |
| <input type="checkbox"/> | <b>MARSHALL FIRE</b>             | <input type="checkbox"/> | <b>ADD</b> | <input type="checkbox"/> | <b>DELETE</b> |
| <input type="checkbox"/> | <b>THE PLAINS FIRE/RESCUE</b>    | <input type="checkbox"/> | <b>ADD</b> | <input type="checkbox"/> | <b>DELETE</b> |
| <input type="checkbox"/> | <b>UPPERVILLE FIRE/RESCUE</b>    | <input type="checkbox"/> | <b>ADD</b> | <input type="checkbox"/> | <b>DELETE</b> |
| <input type="checkbox"/> | <b>CATLETT FIRE/RESCUE</b>       | <input type="checkbox"/> | <b>ADD</b> | <input type="checkbox"/> | <b>DELETE</b> |
| <input type="checkbox"/> | <b>GOLDVEIN FIRE/RESCUE</b>      | <input type="checkbox"/> | <b>ADD</b> | <input type="checkbox"/> | <b>DELETE</b> |
| <input type="checkbox"/> | <b>MARSHALL RESCUE</b>           | <input type="checkbox"/> | <b>ADD</b> | <input type="checkbox"/> | <b>DELETE</b> |
| <input type="checkbox"/> | <b>NEW BALTIMORE FIRE/RESCUE</b> | <input type="checkbox"/> | <b>ADD</b> | <input type="checkbox"/> | <b>DELETE</b> |
| <input type="checkbox"/> | <b>ORLEAN FIRE/RESCUE</b>        | <input type="checkbox"/> | <b>ADD</b> | <input type="checkbox"/> | <b>DELETE</b> |
| <input type="checkbox"/> | <b>CEDAR RUN FIRE/RESCUE</b>     | <input type="checkbox"/> | <b>ADD</b> | <input type="checkbox"/> | <b>DELETE</b> |
| <input type="checkbox"/> | <b>LOIS FIRE</b>                 | <input type="checkbox"/> | <b>ADD</b> | <input type="checkbox"/> | <b>DELETE</b> |
| <input type="checkbox"/> | <b>DFES</b>                      | <input type="checkbox"/> | <b>ADD</b> | <input type="checkbox"/> | <b>DELETE</b> |
| <input type="checkbox"/> | <b>CHIEFS</b>                    | <input type="checkbox"/> | <b>ADD</b> | <input type="checkbox"/> | <b>DELETE</b> |
| <input type="checkbox"/> | <b>FIRE MARSHAL</b>              | <input type="checkbox"/> | <b>ADD</b> | <input type="checkbox"/> | <b>DELETE</b> |
| <input type="checkbox"/> | <b>HAZ MAT</b>                   | <input type="checkbox"/> | <b>ADD</b> | <input type="checkbox"/> | <b>DELETE</b> |
| <input type="checkbox"/> | <b>WATER RESCUE</b>              | <input type="checkbox"/> | <b>ADD</b> | <input type="checkbox"/> | <b>DELETE</b> |
| <input type="checkbox"/> | <b>EMERGENCY INFO</b>            | <input type="checkbox"/> | <b>ADD</b> | <input type="checkbox"/> | <b>DELETE</b> |
| <input type="checkbox"/> | <b>WARRENTON TRAINING CENTER</b> | <input type="checkbox"/> | <b>ADD</b> | <input type="checkbox"/> | <b>DELETE</b> |
| <input type="checkbox"/> | <b>ALS</b>                       | <input type="checkbox"/> | <b>ADD</b> | <input type="checkbox"/> | <b>DELETE</b> |

**SIGNATURE OF CHIEF OR OFFICER:**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINTED NAME/TITLE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**APPROVED BY**

**FAX COMPLETED FORM TO 540/347-6999 FOR PROCESSING.**