



**WAYNE COUNTY 911**  
**EMERGENCY COMMUNICATIONS DEPARTMENT**  
 7336 State Route 31, Lyons New York 14489  
 (315) 946-9711



## Automatic Mutual Aid Agreement - Cancellation

### I. Cancellation of an Agreement

1. Notwithstanding extreme & extraordinary circumstances, Agreements are in effect for a minimum of 1 year.
2. Following one year, at such time as an Agreement is no longer necessary, this form must be completed to document the cancellation.
3. This cancellation form must be signed by all departments who signed the original agreement. However, if one party is not in agreement with cancellation, the other party may submit the cancellation notice provided that sixty days notice is given to the parties listed on the original Agreement.
4. When submitting this cancellation notice, both the Operations and Executive designees must sign. This completed form must be submitted to the Fire Coordinator and/or EMS Coordinator as well as 911.
5. Please note: It may take up to two weeks for 911 to remove the AMA from the CAD system.

### II. Automatic Mutual Aid Agreement to be Cancelled

1. Date the original Agreement was signed by the Initiating Department: \_\_\_\_\_
2. A copy of the Agreement to be cancelled must be attached to this document.

### III. Signatures: By signing below, we request that the above referenced Agreement be **cancelled**.

**Department Initiating Cancellation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Operations designee** (e.g. Chief, D.O.):

**Executive designee** (e.g. Chairman):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Department Initiating Cancellation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Operations designee** (e.g. Chief, D.O.):

**Executive designee** (e.g. Chairman):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Department Initiating Cancellation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Operations designee** (e.g. Chief, D.O.):

**Executive designee** (e.g. Chairman):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

- Forward this completed form and attachment to W.C. 911**
- Forward copies to the Fire and/or EMS Coordinator**

Date received at 911: _____
Date removed from CAD: _____