



**WAYNE COUNTY 911**  
**EMERGENCY COMMUNICATIONS DEPARTMENT**  
 7376 Route 31; Suite 911, Lyons New York 14489  
 (315) 946-5003



## Temporary Automatic Mutual Aid Agreement

This document is to be used when one departments needs temporary assistance lasting between six and sixty days.

### I. Guidelines and Reminders

1. Is this paperwork necessary?
  - a. **AMA for 5 days or less; 911 does not require paperwork.** The Chief or his/her designee should call the 911 dispatcher at 946-5304 to provide him/her with the details.
  - b. **AMA expected to last between 6 and 60 days; please complete this form.** Once completed and signed by both departments, it should be submitted to the 911 Operations Manager.
  - c. **Generally, AMA that is needed for more than 60 days should be documented on a different form.** If unusual or extraordinary conditions are present, requiring AMA for longer than 60 days, but less than one year, the Chief should contact the Fire and/or EMS Coordinator for consultation.
2. This AMA will not be entered into 911's Computer Aided Dispatch system. Therefore, it will be handled by the dispatcher on an incident-by-incident basis.
3. At such time as this agreement is no longer necessary, the initiating Chief should immediately contact the 911 dispatcher.
4. Departments are encouraged to ensure dissemination and understanding through all levels of membership.

### II. Automatic Mutual Aid Agreement

1. **Start Date:** \_\_\_\_\_ **Anticipated End Date:** \_\_\_\_\_
2. **Time Requirements;** this Agreement is to be in effect (check one):
 

24 hours / day     
  Mon-Fri from 0600-1800     
  Weeknights (1800-0600) and weekends
3. **Define Location and Assignments;** provide a brief narrative of the location(s) where AMA is to be dispatched and the equipment requested from the mutual aid department:

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**III. Signatures:** By signing below, we are requesting that the Wayne County 911 Center implement this Agreement according to the criteria defined above. (Both departments must sign this form.)

**Department Initiating Mutual Aid:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

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

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

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

**Mutual Aid Department:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

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

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

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

**IV. Submission of the completed form:**

**Forward to the 911 Operations Manager using any of the following methods:**

- Fax: (315) 946-5661
- Email: [gdewolf@co.wayne.ny.us](mailto:gdewolf@co.wayne.ny.us)
- Mail: Wayne County 911  
7336 Route 31  
Lyons, NY 14489

Date received at 911: \_\_\_\_\_

Received by: \_\_\_\_\_

**Forward copies to the Fire and/or EMS Coordinator**

**V. Conclusion**

Dispatchers or supervisors receiving notification from the initiating department that the mutual aid is no longer needed, should document those details here.

Cancel received from (name/title): \_\_\_\_\_ **Date:** \_\_\_\_\_

Dispatcher/Supervisor: \_\_\_\_\_

**Supervisor forward this form to the 911 Operations Manager**