



**EMERGENCY HEALTH
SERVICES FEDERATION**
YOUR COMMUNITY. OUR COMMITMENT.

Commendation Award Request 911 Dispatcher

Commendation Request Information

You are requesting the Excellence in EMD Dispatching Award

Date of the Event/Incident:

County PSAP Name:

Level of EMS Service Provided:

Information of EMS Dispatcher(s) Involved:

Dispatcher(s) Name(s):

Summary of the Event/Incident

Please describe the event/incident:

Anticipated Awarding Details

What is the anticipated date to present the award(s) to the provider(s)?

Would you like an EHSF staff member present at the award presentation?

Yes

No

If yes, is there a specific staff member desired to be present?

Contact Information of the Award Requestor

Name:

Mailing Address:

City:

State:

Zip Code:

County:

Telephone:

E-mail:

Should you have any questions, contact Timothy Melton at 717-774-7911, ext. 7009 or tmelton@ehsf.org.

**Thank-you for your commitment to bring recognition to
the 9-1-1 Dispatchers of the EHSF region!**