



## SUPPLEMENTAL 'AUTOMATIC LOCATION INFORMATION' (ALI) WORKSHEET

State of New Hampshire Department of Safety

Division of Emergency Services and Communications, Bureau of Emergency Communications

33 Hazen Drive, James H. Hayes Building, Concord, New Hampshire 03305

Phone: (603)271-6911

Fax: (603)271-6609 (fax)

Digital form available on website: [www.nh.gov/nh911](http://www.nh.gov/nh911)

### DIRECTIONS FOR COMPLETING THE SUPPLEMENTAL 'AUTOMATIC LOCATION INFORMATION' (ALI) WORKSHEET

The purpose of this form is to add information to our database about a specific person or hazardous situation at a specific location. Information should be limited to the location of stored hazardous materials at a specific address or a list of permanent medical conditions of persons residing at a specific address. **DO NOT** include such information as doctor's information, medications, directions to residence, other contact information, etc. Information cannot be added to the database without an in-service telephone number.

Once information is entered into the database, each time a 9-1-1 call is received from the specified phone number, a supplemental screen will come up on the computers at the 9-1-1 call center showing the information you have supplied on this worksheet. It is the responsibility of the person completing this form to notify the Bureau of Emergency Communications of any information changes, address changes or telephone number changes. Please contact by mail at the address above or by phone at (603)271-6911 or toll-free (800)806-1242.

- PLEASE PRINT OR TYPE ALL INFORMATION
- IN ALL CASES WHEN THE WORKSHEET IS FILLED OUT BY SOMEONE OTHER THAN THE TELEPHONE SUBSCRIBER, WE WILL NOTIFY THE TELEPHONE SUBSCRIBER OF THE INFORMATION TO BE CONTAINED WITHIN THE SUPPLEMENTAL ALI DATABASE VIA CERTIFIED MAIL

- LINE 1 - The telephone subscriber's landline/wired telephone AND cellular/wireless telephone number.
- LINE 2 - The telephone subscriber is the person to whom the telephone service is billed.
- LINE 3 - The telephone subscriber's mailing address.
- LINE 4 - If the person to whom this information refers is NOT the telephone subscriber, please print his/her name(s) on line 4(a) and on line 4(b), the relationship of this person to the telephone subscriber (i.e. mother, father, child, brother, etc). If the information refers to a child living at the telephone subscriber's address, please provide the birth month and year for the purposes of appropriate pre-hospital dispatch instruction. If this request is about hazardous materials or other property issues, skip lines 4(a) and 4(b).
- LINE 5 - If you are not the subscriber of this telephone, but you ARE completing this worksheet, please print your name on line 5(a).
- On line 5(b), please print your relationship with subscriber.
- On line 5(c), please note contact phone number of person completing this form.
- Line 6 - SIGNATURE of person on line 5(a).



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**In all cases when the worksheet is filled out by someone other than the telephone subscriber, we will notify the telephone subscriber of the information to be contained within the Supplemental ALI database.**

Check applicable box:

<input type="checkbox"/>	This is a new worksheet	<input type="checkbox"/>	This is a revision of a previously submitted worksheet	<input type="checkbox"/>	This is a request to delete
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Please Print or Type Clearly:

LINE 1 Subscriber's Landline/Wired Telephone Number \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Subscriber's Cellular/Wireless Telephone Number \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

LINE 2 Telephone Subscriber's Name: \_\_\_\_\_  
Last First Middle Initial

LINE 3 Telephone Subscriber's Mailing Address: \_\_\_\_\_  
Number Street

\_\_\_\_\_ NH \_\_\_\_\_  
Town or City State Zip Code

LINE 4 Name of person(s) to whom this information refers (If Different from LINE 2):

A) \_\_\_\_\_  
(Please Print)

B) \_\_\_\_\_  
(Relationship to Telephone Subscriber - Please Print)

C) If information is regarding a child; please provide month and year of birth: \_\_\_\_\_

LINE 5 Name of person completing the form IF other than subscriber living at address:

A) \_\_\_\_\_  
(Name of Person Completing Form - Please Print)

B) \_\_\_\_\_  
(Relationship to Telephone Subscriber - Please Print)

C) \_\_\_\_\_  
(Contact Person's Phone Number)

LINE 6 \_\_\_\_\_  
(Signature of Person Completing Form)

Check all that apply and/or BRIEFLY state information as it should appear on the 9-1-1 computer screen in the event of an emergency (submit ONLY permanent medical conditions or hazardous material storage location). DO NOT include list of medications (unless life sustaining allergy medications or blood thinners) or physician information. PLEASE use language understood by all:

<input type="checkbox"/>	Deaf or Hard of Hearing	<input type="checkbox"/>	Vision Impairment	<input type="checkbox"/>	Speech Impairment
<input type="checkbox"/>	Alzheimer's	<input type="checkbox"/>	Autism	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	Pacemaker or Heart Condition	<input type="checkbox"/>	Developmental/Cognitive Disability	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Uses Wheelchair	<input type="checkbox"/>	Uses Oxygen	<input type="checkbox"/>	Hazardous Materials on Site

OTHER: \_\_\_\_\_

NOTE: A copy of this form will be mailed back to you via certified mail once it is entered into the database.

OFFICE USE: Entered into database on: \_\_\_\_\_ Initials: \_\_\_\_\_ Certified mail sent on: \_\_\_\_\_