



IRIS
REGIONAL COMMUNICATIONS
SYSTEMS INFORMATION FORM

First Name: _____

Last Name: _____

Cell Phone Number: _____

Can this cell phone receive text messages? Y/N

Work Phone Number: _____

Home Phone Number: _____

Preferred Email Address: _____

Alternate Email Address: _____

Pager Number: _____

Can this pager receive text messages? Y/N

What group(s)/entity(s)/jurisdiction(s) do you need to receive alerts from:

Will you be a designated Alert Initiator for your group(s): Y/N

If so, username _____ password _____

Will you also be the designated Administrator for your group(s): Y/N

Please complete this form and return it to:

Scan and email to: shae.watson@netrac.org or fax to: 903-255-0283