



**POLICE DEPARTMENT, COUNTY OF SUFFOLK,
N.Y. ACCREDITED LAW ENFORCEMENT AGENCY
SCHOOL ACTIVE VIOLENCE EMERGENCY HOTLINE**

Provide **YOUR** dedicated **SAVE Hotline #**

Original Submission

Information Update

Date: _____

IMPORTANT: A separate registration form is required for **EACH** phone activated.

PDCS-8115

School Name		School District		School Type
School Address			Town	ZIP
Cross Street(s)				
Building	Room	Students Enrolled	Students in Building	

Hotline Location	Closest Entrance to Hotline
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School Hotline Liaison Contact Name (Last, First)	Liaison Title	Liaison Telephone #
Liaison E-Mail		Liaison Cell #

Security Contact Name (Last, First)	Security Contact Title	Security Telephone #
Security Contact E-Mail		Security Cell #

Principal Name (Last, First)	Principal Telephone #
Principal E-Mail	Principal Cell #

Superintendent Name (Last, First)	Superintendent Telephone #
Superintendent E-Mail	Superintendent Cell #

Main Office Phone #	Main Office Secondary Phone #	Main Office Additional Phone #
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Please list any additional information that may be beneficial to responding officers:

Mail or Fax Registration to: Suffolk County Police Department
Community Relations Bureau
30 Yaphank Ave, Yaphank NY 11980

FAX: 631 852-6112
For additional information contact: **631 852-6109**
E-Mail: Scpdcrb@suffolkcountyny.gov

FOR SCPD USE ONLY

PCT	SECTOR	CAD ALARM #	ENTERED BY	DATE ENTERED
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