

POLICE DEPARTMENT, COUNTY OF SUFFOLK, N.Y. ACCREDITED LAW ENFORCEMENT AGENCY

SCHOOL ACTIVE VIOLENCE EMERGENCY HOTLINE

Provide YOUR dedicated SAVE Hotline #

☐ Original Submi	ssion [☐ Information Upda	te		Da	nte:		
IMPORTANT: A separate	registration for	m is required for EAC	H phone	e activated		PDC	S-8115	
School Name				School District			School Type	
School Address					Town	Гown		ZIP
Cross Street(s)								
Building	Room			nrolled	Students in Building			
Hotline Location			Closest Entrance to Hotline					
School Hotline Liaison Contact Name (Las	t, First)		Liaison Tit	le	Liaison Telephone #			
Liaison E-Mail						Liaison Cell #		
Security Contact Name (Last, First)			Security Co	ontact Title		Security Telephone #		
Security Contact E-Mail						Security Cell #		
Occurry Contact E-mail						Security Sen #		
Principal Name (Last, First)						Principal Telephone #		
Timopal Hame (East, First)								
Principal E-Mail					Principal Cell #			
0 11 1 W (1 1 5 1)								
Superintendant Name (Last, First)						Superintendant Telephone #		
Superintendant E-Mail					Superintendant Cell #			
Main Office Phone #		Main Office Secondary Phone #		Main Office Ac		dditional Phone #		
Please list any additional information that	may be beneficial to re	esponding officers:						
	, 20 20	orponanig onnone.						
Mail or Fax Registration to:	Suffolk County	Police Department	FAX: 6	31 852-611	2			
Community Response Bureau 30 Yaphank Ave, Yaphank NY 11980			For ad	For additional information contact: 631 852-6709 E-Mail: Scpdcrb@suffolkcountyny.gov				

FOR SCPD USE ONLY

PCT	SECTOR	CAD ALARM#	ENTERED BY	DATE ENTERED