



# Sheriff's Alert Messaging Program (AMP) Partner Application

Please complete this form by printing legibly...

### Business, Not-For-Profit or Religious Organization:

Organization or Business Name: \_\_\_\_\_

Address of Digital Board: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

### Contacts to Receive Alerts:

Name: \_\_\_\_\_

Text Capable Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Provider: \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.

Name: \_\_\_\_\_

Text Capable Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Provider: \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.

By signing, I agree, understand or acknowledge:

1. To become a voluntary partner in the Sheriff's Alert Messaging Program or AMP.
2. Emergency messages will be received via email and/or text and those messages shall be copied into my digital message board in an effort to AMPlify the critical information to the community.
3. The original message content should NOT be modified in any way however, it may be reformatted to fit my digital message system.
4. Any message received should be posted in a timely manner
5. I may opt out of posting the received message if I so choose.
6. If any change of contact information is made, Sheriff's Emergency Management should be contacted as soon as possible.
7. That I/we hold harmless the Citrus County Sheriff's Office or its agents for costs, programming, maintenance, repair, networking or any other function, operation or performance, including both software and hardware, of the digital message board. The Sheriff's Office is not responsible for virus or other cyber related issues.
8. I may opt out of the program at any time by contacting Sheriff's Emergency Management at 352-249-2700 or emailing Citrus EM@sheriffcitrus.org.
9. That the Citrus County Sheriff's Office has the right to end this agreement at any time without cause.

\_\_\_\_\_  
 Printed Name of Representative      Signature      Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return the completed form either by:

Mail: Citrus County Sheriff's Office  
 ATTN: Emergency Management AMP  
 3549 Saunders Way  
 Lecanto, Florida 34461

E-mail: CitrusEM@sheriffcitrus.org

Fax: 352-746-2733

Still have questions? Call us at 352-249-2700.