

MUTUAL AID CHOICE

*First
5 Ambulances*

You may subdivide your district into a maximum of 4 zones, using major roads. Diagram your dividing roads in the box at the right. Label each zone alphabetically, starting with A. Leave this box blank if you do not wish to divide your district for mutual aid choices.

A Town of Day

B Village of
Corinth

C

Ambulance Corps Name: Corinth - 21

# Ambulances Required	First Preference	Second Preference (first not available)	Third Preference (first & second not available)
1	Duty Crew	Second Call Crew	A: Luzerne Hadley B: Luzerne Hadley C: Saratoga
2	Second Call Crew	A: Luzerne Hadley B: Luzerne Hadley C: Saratoga	A: W. Glens Falls B: W. Glens Falls C: Wilton
3	A: Luzerne Hadley B: Luzerne Hadley C: Saratoga	A: W. Glens Falls B: W. Glens Falls C: Wilton	A: Edinburg B: Moreau C: Community
4	A: W. Glens Falls B: W. Glens Falls C: Wilton	A: Edinburg B: Moreau C: Community	A: Empire B: Wilton C: Galway
5	A: Edinburg B: Moreau C: Community	A: Empire B: Wilton C: Galway	A: Wilton B: Saratoga C: Moreau

This document will be maintained of file for use by the Communications Center of the Saratoga County Sheriff's Department for EMS Dispatch. The Saratoga County Office of Emergency Services will utilize this document in countywide MCI planning and management. Contact the County EMS Coordinator to make changes in this document.

"This plan has been discussed and agreed upon by the members of the above named ambulance organization."

Signed: 
Chief Administrative Officer

Date: 2/20/09