

EMResource/Royal 4 New Facility Form

1. Facility Name: (should be reflective of licensed name)
2. Anticipated Opening Date: (Please remember to update us on any changes to the date)
3. Abbreviation; (Max 5 characters)
4. Resource Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. EMResource users needing to update facility: (At least 1 preferable all who update)
6. Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-
8. State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Zip Code: \_\_\_\_\_\_\_
10. County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Company/Organization: (Parent company such as HCA or Advent)
12. Contact First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Contact Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. Contact Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. Contact Phone 1: (e.g. 888-555-1212)
16. Contact E-Mail: (e.g. person@example.com)