

EMResource/Royal 4 New Facility Form

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