



Hendricks County Communications Center

Every Second, Every Day, We Are Here For You

CAD Service Request Form

DATE: _____ DATE EFFECTIVE: _____

FROM: _____ AGENCY: _____

ADD or MODIFY or DELETE UNIT ID MDT/VRM RADIO PAGER

(INSTRUCTIONS: Complete the applicable fields)

Name: _____ Pers ID: _____ (List all Previously Issued CAD IDs)

Rank: _____ Last 4 SSN: _____ (Required to obtain / verify Pers ID)

DOB: _____ (Required to obtain / verify Pers ID)

Assignment: _____ Phone: _____

OLD Unit ID: _____ NEW Unit ID: _____

(example: 12E21) (example: 12E20)

OLD RADIO SERIAL#: _____ NEW RADIO SERIAL#: _____

OLD Pager #: _____ NEW Pager #: _____

Signature: _____

Rank: _____ Officer ID: _____

IDACS required Information:

Previously issued IDACS Username / ID: _____ (Enter None if N/A)
(Required If unknown must call IDACS Data Ops to obtain)

Agency previously issued IDACS Username was affiliated: _____

Signature: _____

Expiration month/year: _____

IDACS Coordinator

Note: A new pager number / new officer will require a completed paging agreement.

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Patrick Carmean | Technical Assistant

Hendricks County Communications Center
4010 Clarks Creek Road, Plainfield, IN 46168

P: 317.839.8700 | F: 317.838.3470 | E: pcarmean@hccom.org