

COUNTY OF YORK



DEPARTMENT OF EMERGENCY SERVICES

120 Davies Drive ◦ York ◦ PA ◦ 17402

Memorandum of Understanding

THIS MEMORANDUM OF UNDERSTANDING, made by the County of York, hereinafter referred to as the “County” and the Fire Department and/or EMS Station named below are hereinafter referred to as the “Agency”.

WHEREAS, the County desires to provide emergency agencies serving the residents of York County access to the County’s paging system via a web-paging interface and

WHEREAS, the Agency agrees and understands it will use the web paging access for agency business and therefore adhere to all professional standards and code of conducts when using the system and

WHEREAS, the Agency agrees and understands all web paging messages are logged and subject to review and

WHEREAS, the Agency agrees and understands the County reserves the right to disable the Agency’s access to the system if the County believes the Agency has abused or misused the web paging system privileges.

NOW THEREFORE, and in consideration of the mutual understanding and agreements contained herein the Agency also agrees to the following:

1. The Agency will provide an e-mail address for access and password resets.
2. The Agency shall ensure the security of the web paging access against unauthorized use.
3. The Agency’s employees and/or volunteers shall not give their passwords to any other persons to use nor will they leave the password in any discernible written form in or near the vicinity of the computer.
4. The Agency’s employees and/or volunteers shall log off the web paging system when it is unattended.
5. The Agency will notify the County immediately if there was unauthorized access attempted or gained.

IN WITNESS WHEREOF, as of the day and year dated below the Local Government Elected Official and the Agency Representative Signatories named below hereto represent that they are duly authorized to sign this Memorandum of Understanding on behalf of their Agency.

Authorized Signature *(Local Government Elected Official)*

Date

Print Name *(Local Government Elected Official)*

Title *(Local Government Elected Official)*

Authorized Signature *(Agency Representative)*

Date

Print Name *(Agency Representative)*

Title *(Agency Representative)*

Agency Name & Station Number

Agency E-Mail Address for Web Access

Agency Contact Phone Number

Please return this executed memorandum of understanding to:

County of York
Department of Emergency Services
120 Davies Drive
York, PA 17402

Attn: Ryan Renninger

Upon receipt we will send an e-mail to the address provided above with the user logon identification and password.