

Gulf Coast Regional 911 ECD Discrepancy Report Form

*Indicates Required Fields – this information is required for an investigation of the discrepancy.

Please fill out the information below and return to Lera Robinson @ lera.robinson@gulfcoast911.org

For questions regarding this form and process, please call Lera Robinson at 713-476-1594

An **ALI Screen Shot is required** for all discrepancy submission.

Section 1: Report/Call Information

Report Type(s): ___Incorrect Address ___Misroute ___No Record Found (NRF) ___Other

Call Taker: _____ Your PSAP Name: _____

Call Taker Comments: _____

Section 2: Displayed ALI Information

Displayed PSAP Name: _____ Date of Call: _____ Time of Call: _____

Class of Service: _____ (see table #1 on back of page).

*TN: _____ Main Number: _____

Customer Name: _____ COID 1: _____

House #: _____ Suffix: _____

Dir: ___ (see table #2) Street: _____

Community: _____ County: _____ ESN: _____

Location: _____

TN Comment: _____

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Section 3: Proposed ALL Information

Correct PSAP Name: _____

*TN: _____

Customer Name: _____ COID 1: _____

House #: _____ Suffix: _____

Dir: ____ (see table #2) Street: _____

*Community: _____ County: _____ ESN: _____

Location: _____

TN Comment: _____

*Comments: _____

Table #1: Class of Service Menu:		Table #2: DIR (Directional):
0-Business with off premise ext	A-Customer Owned Coin	N-North
1-Residence	C-VoIP Residential	S-South
2-Business	G-Wireless Phase I	E-East
3-Residence PBX	M-Wireless Phase II	W-West
4-Business PBX	T-Telematics	NE-Northeast
5-Centrex	U-VoIP Business	NW-Northwest
6-Coin (out-going only)	V-VoIP	SE-Southeast
7-Coin (two way)	W-Wireless	SW-Southwest
8-Wireless/Mobile	X-Wireless	
9-Residence with off premise ext		

For GCRECD Use Only:

Investigation Start Date: _____ Investigation Completion Date: _____

GCRECD Employee Signature: _____