APPENDIX B

SAMPLE LETTER OF AGREEMENT
_____ COUNTY
STATE OF OREGON

The undersigned PSAPs in _____ County understand that the State Enhanced 9-1-1 (E9-1-1) Program needs a single point of contact for GIS/MSAG data development, maintenance, and reimbursement requests. We acknowledge that _____ is the single point of contact for this county. Any data that is developed and/or maintained by this single point of contact, that receives funding from the E9-1-1 Program under the Geographic Information System (GIS) and Master Street Address Guide (MSAG) Data Development and Maintenance Policy, will be distributed and shared with all PSAPs in this county.

Name of PSAP one	Director	Date
Name of PSAP two	Director	Date
Name of PSAP three	Director	Date
Name of PSAP four	Director	Date

Name of single point of contact _____

Email Address _____

Phone Number _____