

State 911 Office

911 Outage Report

PSAP Information

PSAP reporting the outage: _____

Contact name: _____ Date submitted: _____

Phone: _____ E-mail: _____

Did you implement your PSAPs back-up plan? Yes No

Provider Information

Provider affected: _____

Contact name: _____

Phone: _____ E-mail: _____

Outage Information

Date of outage: _____ Time of outage: _____ Time restored: _____

Please describe the outage to the best of your ability: _____
(cable/fiber cut, selective router problem, etc.)

How was the outage discovered? _____

Geographical areas affected: _____

Exchanges affected: _____

Estimated number of customers affected: _____

Type of service: VoIP Landline Cable

Please log contacts and times made with provider during the event: _____

Additional information: _____

Please return electronically to Ms. Cynthia Homant at homantc@michigan.gov