

## Wyoming Mutual Aid Channel Application

The following information is required for developing a Memorandum of Understanding (MOU) for use of the Wyoming Mutual Aid Channel.

**Agency Name:**

**Mailing Address:**

**Street Address:**

**City, State, Zip:**

**Contact Person:**

**Contact Phone Number:**

**Contact E-Mail Address:**

**Number of Mobile Radios:**

**Number of Portable Radios:**

**Number of Dispatch Centers:**  
(Control Stations)

The above information needs to be sent, faxed or e-mailed to:

Larry Sheridan  
WYDOT Telecommunications  
Telecomm Systems Supervisor  
5300 Bishop Blvd.  
Cheyenne, WY 82009-3340  
Office: 307-777-4064  
Fax: 307-777-4764  
[larry.sheridan@wyo.gov](mailto:larry.sheridan@wyo.gov)

The above information will be used to develop an MOU for the use of the Wyoming Mutual Aid Channel. Two copies of the MOU will be sent to the Contact Person for signature. You will keep one copy and one copy will be sent back to Larry Sheridan for the State of Wyoming records.