



# ANNUAL REPORT OF FIRE DEPARTMENT DEMOGRAPHICS

|   |          |                   |                     |  |  |  |
|---|----------|-------------------|---------------------|--|--|--|
| The Full Legal Name of the Fire Department (FD)                   |          | Date (mm/dd/yyyy) | FD Identification # |  |  |  |
|   |          |                   |                     |  |  |  |
| FD Phone  | FD Email |                   |                     |  |  |  |
| FD Physical Address   |          |                   |                     |  |  |  |
| City  | State    | Zip               |                     |  |  |  |
| FD Mailing Address<br><i>(if different than physical address)</i> |          |                   |                     |  |  |  |
| City  | State    | Zip               |                     |  |  |  |

**Does the department have any additional stations (sub stations)?**  Yes  No If yes, how many: \_\_\_\_\_

Please provide the name and physical addresses and phone numbers of these other fire stations (sub stations):

|      |         |       |      |         |       |
|------|---------|-------|------|---------|-------|
| Name | Address | Phone | Name | Address | Phone |
|      |         |       |      |         |       |
| Name | Address | Phone | Name | Address | Phone |
|      |         |       |      |         |       |

## Chief Officer Contact Information

Please provide the name and contact information of the Fire chief and any assistant/deputy chiefs your department currently has in it ranks.

| Name | Rank | Cell Phone | Email Address | Term Dates |
|------|------|------------|---------------|------------|
|      |      |            |               |            |
|      |      |            |               |            |
|      |      |            |               |            |

## Department Information

|   |  |   |                                       |
|---|--|---|---------------------------------------|
| Please provide the number of active members your department has on the roster |  | What type of organization is your FD?     |                                       |
| * Total Active Members  |  | <input type="checkbox"/> Fire District    | <input type="checkbox"/> Fire Company |
| * Total Active Interior Firefighters  |  | <input type="checkbox"/> Fire Corporation | <input type="checkbox"/> Municipality |
| * Total Active Exterior Firefighters  |  | <input type="checkbox"/> Other: _____     |                                       |

*\* The accuracy of this information is vital for OFPC to determine the stipend program efficacy on recruitment and retention efforts across the state.*

## Incident Reporting System Administrator Contact Information

| Name | Email address | Phone number | Primary/Alternate |
|------|---------------|--------------|-------------------|
|      |               |              |                   |
|      |               |              |                   |

## Incident Reporting Method

|   |   |
|---|---|
| <input type="checkbox"/> Direct to NFIRS/NERIS database | <input type="checkbox"/> 3 <sup>rd</sup> Party RMS Vendor |
|---|---|