



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 <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 rd Party RMS Vendor
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