

FIRE DESIGNATION: _____

YEAR: _____

Complete Agency Name: _____

Phone Number: _____

Mailing Address: _____

Fax Number: _____

Station Location(s): _____

Station Number	Street Address	Phone Number
1)		
2)		
3)		
4)		
5)		
6)		

Officer Information:

Title	Name	Cell Phone	Home Phone	Work Phone	Email Address
1) Chief					
2) Deputy					
3) Asst. Chief 1					
4) Asst. Chief 2					
5) Asst. Chief 3					
6) Duty Officer					
7) Duty Officer					

Additional Notes/Information:

Approve the release of information to other departments upon request? YES / NO

Please fill in the above information for the year and return via:

Mail: York County 9-1-1
Attn: Kelly Piero
120 Davies Dr.
York, PA 17402

E-Mail: mpiero@ycr **Fax:** (717)840-7535
Attn: Data Entry Dept.