

**AMBULANCE NO.** \_\_\_\_\_

**YEAR 2014**

**Complete Name and Mailing Address of Ambulance:**

**Station Phone Number:**

**Station Fax Number:**

**Street Address (If different from mailing):**

**Senior Officer Home Address:**

**Effective Date for Officers List Below:**

<b>Officer Name</b>	<b>Home Phone</b>	<b>Work Phone</b>	<b>Work Hours</b>	<b>Cell/Nextel w/ID</b>	<b>(Give out to other depts?)</b>	<b>Email Address</b>
EMS						
EMS A						
EMS B						
EMS C						

**Amb #**

**Cellular**

**Amb#**

**Cellular**

**Amb #**

**Cellular**

Persons to be contacted for Memberships or Billing Information:

Does your ambulance do routine transports? (YES) \_\_\_\_\_ (NO) \_\_\_\_\_

Persons to be contacted for Routine Transports:

Please fill in the above information for the new year and return to: York County 9-1-1 Communications, 120 Davies Dr York, PA 17402-8605

Attn: Melony Grove or email [mmgrove@ycdes.org](mailto:mmgrove@ycdes.org)