

EMS DESIGNATION: _____

YEAR: _____

Complete Agency Name: _____

Phone Number: _____

Mailing Address: _____

Fax Number: _____

Is agency affiliated with Municipal Fire Department? YES / NO

Station Location(s):

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

Officer Information:

Name & Title	Cell Phone	Home Phone	Work Phone	Email Address
1)				
2)				
3)				
4)				
5)				
6)				
7)				

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

E-Mail: kmpiero@ycdes.org

Fax: (717)840-7535

Attn: Kelly Piero

Attn: Data Entry Dept.

120 Davies Dr.

York, PA 17402-860