

**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:

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