

FIRE DEPARTMENT INFORMATION

PLEASE PRINT

FDID: _____ **Fire Department Name:** _____

Type of FD: Public [*Gov entity (city, twp, etc. name):* _____

Private Fire Company [*District (city, twp, etc. name):* _____

Fire Department Physical Address:

_____ _____ _____ _____	Phone (Non-emer): (____) ____ - _____ Phone (Emergency): (____) ____ - _____ FAX: (____) ____ - _____ Email: _____ @ _____
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Fire Department Mailing Address <input type="checkbox"/> Same as above _____ _____ _____ _____	Fire Chief: Name: _____ Work Ph: (____) ____ - _____ Home Ph: (____) ____ - _____ Email: _____ @ _____
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PERSONNEL:

No. FT Pd: _____	No. PT Pd: _____	No. Vol. (Pd/Call) _____	No. Vol. (Not Pd) _____
EMS Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	No. Basic EMT: _____	No. Adv. EMT: _____	No. Paramedics: _____

FIRE DISTRICT:

No Stations: _____	Sq. Mi.: _____	Population: _____	District Property Assessment Value: \$ _____
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Person Completing Form: _____ Date: _____

Toll Free Telephone: (888) 243-0305
Local Telephone: (614) 752-7117
Fax: 614-752-7111
Email: OFIRS@com.state.oh.us

Mailing address:
Fire Prevention Bureau
8895 E Main St
Reynoldsburg, OH 43068