

AMBULANCE NO. _____

YEAR 2005

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:

Officer Name	Home Phone	Work Phone	Work Hours	Cell/Nextel w/ID	(Give out to other depts?)	Email Address
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: