

FIRE DEPARTMENT INFORMATION SHEET

Department Name: _____

County: _____ IDHS District Number: _____

FDID Number: _____ EMS Number: _____

Type of Department: Career (all paid personnel) Volunteer Combination *(please check one)*

Special Designation: Fire Protection District Fire Protection Territory
District Planning Territory Planning None of the above

Department Address: _____
Mailing _____ Physical (Station) _____
City, ST Zip Code _____ City, ST Zip Code _____

Department Telephone: (____) _____ - _____

Department Fax: (____) _____ - _____

Administrative Office: (____) _____ - _____ *(if applicable)*

Department E-mail Address: _____

Department Web Page Address: _____

Fire Chief (Full Name): _____

Appointed or Elected: _____ Term Length: _____

Effective Date: _____ *(please provide the month and year)*

Individual E-mail Address: _____

Mobile Telephone: (____) _____ - _____

Home Telephone: (____) _____ - _____ *(optional)*

Other: (____) _____ - _____

Software System Used: _____

Program Administrator: _____ *(the person responsible for submitting NIFERS reports)*

Administrator E-mail Address: _____

Telephone: (____) _____ - _____

Name and Contact information for any other key department personnel:

Number of active members: _____

Date Submitted: _____

Forward completed form to: Office of the State Fire Marshal
c/o firemarshal@dhs.in.gov
or via Fax at **317/233-0307**