

FIRE/EMS DEPARTMENT
1122 PROGRAM DATA SHEET

DATE: _____

EMAIL(s): 1. _____
(Required to receive
timely updates) 2. _____
3. _____
4. _____

AGENCY: _____

WEBSITE: _____

IS THE AGENCY A PRIVATE OR INDUSTRIAL FIRE DEPT? YES _____ NO _____

PHYSICAL ADDRESS: (do not enter a PO Box)

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____

ZIP+4 _____

SHIPPING ADDRESS: (if different than above)

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____

ZIP+4 _____

MAILING ADDRESS: (if different than above)

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____

ZIP+4 _____

BILLING ADDRESS: (if different than above)

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____

ZIP+4 _____

COUNTY _____

CHIEF /AGENCY HEAD _____

CHIEF EXECUTIVE OFFICIAL SIGNATURE: _____

STATE COORDINATOR SIGNATURE: _____

NOTE: THIS FORM MUST BE FILLED OUT AS CHANGES OCCUR BY THE AGENCY.