



ANNUAL REPORT OF FIRE DEPARTMENT DEMOGRAPHICS

The Full Legal Name of the Fire Department (FD)		Date (mm/dd/yyyy)		FD Identification #			
FD Phone		FD Email					
FD Physical Address							
City		State		Zip			
FD Mailing Address <i>(if different than physical address)</i>							
City		State		Zip			

Does the department have any additional stations (sub stations)? Yes No If yes, how many: _____

Please provide the name and physical addresses and phone numbers of these other fire stations (sub stations):

Name	Name
Address	Address
Phone	Phone
Name - - -	Name
Address	Address
Phone	Phone

Chief Officer Contact Information

Please provide the name and contact information of the Fire chief and any assistant/deputy chiefs your department currently has in it ranks.

Name	Rank	Cell Phone	Email Address	Term Dates

Department Information

Please provide the number of active members your department has on the roster	
* Total Active Members	What type of organization is your FD?
* Total Active Interior Firefighters	<input type="checkbox"/> Fire District <input type="checkbox"/> Fire Company
* Total Active Exterior Firefighters	<input type="checkbox"/> Fire Corporation <input type="checkbox"/> Municipality
	<input type="checkbox"/> Other: _____

* The accuracy of this information is vital for OFPC to determine the stipend program efficacy on recruitment and retention efforts across the state.

This form only needs to be completed once annually. Submit completed form to OFCP-Stipend@dhses.ny.gov