



STATE OF DELAWARE  
STATE FIRE PREVENTION COMMISSION  
DELAWARE FIRE SERVICE CENTER

(302) 739 – 3160  
FAX (302) 739 – 4436

1463 CHESTNUT GROVE ROAD  
DOVER, DELAWARE 19904

PLEASE RETURN COMPLETED FORM TO:

STATE FIRE PREVENTION COMMISSION  
1463 CHESTNUT GROVE ROAD  
DOVER, DE 19904

FAX or Email to: Sherry.Lambertson@state.de.us

2017 Fire Company Information Updates

Company Name \_\_\_\_\_ Station Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

911 Street Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Web Page \_\_\_\_\_

Contact Information

Priority Contact \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address \_\_\_\_\_

**President** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Vice President** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Treasurer** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Secretary** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Fire Chief** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Deputy Chief** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address \_\_\_\_\_

**EMS Officer** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Training Officer** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Fire Recorder** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Recruitment** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Ladies Auxiliary President** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Fire Prevention Officer** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Public Information Officer** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address \_\_\_\_\_

**\*\*This form will be disseminated to the Office of State Fire Marshal, Delaware State Fire School and Delaware Volunteer Firemen's Association. This list has been created in an effort to keep your company contacts updated and informed.\*\***

**\*\* Please return this form by January 1, 2017 and no later than February 1, 2017\*\***