

DEPARTMENT INFORMATION FORM

The information from this form is used to post your Fire Department information to the Department List page. If you have more than one station only submit the Main or Headquarter Location & Details.

Department Name: _____ IVFA District # _____

Street Address: _____

City: _____ Zip Code: _____

County (*the Department is located in*): _____

Contact Name: _____

Contact Title (i.e. Chief, Public Relations Officer): _____

Contact Phone: _____ Contact Email: _____

Department Webpage: _____