

EMS AGENCY INFORMATION UPDATE FORM

**Please enter the appropriate information and return to the Department of
Emergency Management so we can update the Chiefs Listing/database. This
form can be e-mailed, or printed and then fax or mailed to the office at
421 Montgomery Street, sub-basement
Syracuse, NY 13202
FAX: (315) 435-3309**

EMS Agency _____ Main Phone # _____

Fax Number _____

Address _____ Agency Email Address _____

City/Town _____ Zip _____

Agency Website Address _____

Name _____	Title _____
Home Address _____	Email _____
City/Town _____ Zip _____	
Work Phone _____ Fax # _____	Home Phone _____
Cell Phone _____ Pager # _____	

Name _____	Title _____
Home Address _____	Email _____
City/Town _____ Zip _____	
Work Phone _____ Fax # _____	Home Phone _____
Cell Phone _____ Pager # _____	

Name _____	Title _____
Home Address _____	Email _____
City/Town _____ Zip _____	
Work Phone _____ Fax # _____	Home Phone _____
Cell Phone _____ Pager # _____	

Submitted By _____ **Date** _____