

EMS INFORMATION

Name: _____

Address: _____

Telephone: _____

Please list the names of facilities /entities Administrators:

EMS Director:

Assistant EMS Director:

Other Administrator:

EMS Representative:

Contact Number:

HGP Representative:

Contact Number:

HGP Representative – Alternate:

Contact Number:

Voting Member:

Contact Number:

Alternate Voting Member:

Contact Number:

Number of Active Units:

Number of Reserve Units:

Type of Units & Number:

MICU:

BLS:

ALS:

Name, address, contact information of all Volunteer Organizations associated with your agency: