

**All areas of this document should be completed and submitted to MFR Services.**

### Agency Info

MFR Agency Name	_____	
Civic Address	_____	
Mailing Address	_____	
	_____	
Agency Phone	Agency Fax	_____
Agency Email	Alternate Email	_____
Primary Contact Name (usually Chief)	Secondary Contact Name (usually DC)	_____
Primary Contact Phone	Secondary Contact Phone	_____
Primary Contact Email	Secondary Contact Email	_____

### Response Level Selection

Our agency wishes to be notified of up to and including the following level of emergencies as determined by medical dispatch protocols:

Authorized By (Print Name) _____	Signed _____
Date _____	

Regardless of level selected above ALL AGENCIES will be requested for the following:

- Motor Vehicle Collision
- Fire or explosion
- Haz-Mat or related rescue type situation
- Electrocution
- Confined space and industrial extrication
- Request of responding Paramedics
- Any other situation that the Ground or MCC Watch Commander suspects might require the presence of a fire department