



PLEASE PRINT CLEARLY

MFR AGENCY INFORMATION SHEET

*This form should be completed and returned to EHS MFR Services ASAP whenever there are changes to MFR contacts within an agency. Please **DO NOT** fill this out if you have recently submitted a form to us.*

MFR Agency Name: _____

Civic Address: _____

Mailing Address: _____

_____ Postal Code

Phone: _____ Fax: _____ Email: _____

Fire Chief's name if not the primary contact: _____

The following 3 names shall remain on file with EHS MFR Services for both consumable supply orders and information. Please note: All consumable supply orders and information will be sent to the mailing address of the MFR Agency as listed above.

Primary Contact			
Title/Position			
Telephone	Cellular	Fax	Email
1st Alternate Contact			
Title/Position			
Telephone	Cellular	Fax	Email
2nd Alternate Contact			
Title/Position			
Telephone	Cellular	Fax	Email

 Authorized Signature
 (Fire Department Chief or MFR Coordinator)

 Print Name

 Date