



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.

MFR Agency Name: _____

Fire Chief/Non-traditional Agency MFR Coordinator: _____

Civic Address: _____

Mailing Address: _____

_____ Postal Code

Phone: _____ Fax: _____ Email: _____

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 Non-traditional Agency MFR Coordinator)

 Print Name

 Date