



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: _____

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.

THIS SECTION MUST BE COMPLETED – PLEASE PRINT CLEARLY

| | | | |
|------------------------------------|-------------------|------------|--------------|
| 1st Contact Name | | | |
| Title/Position | FIRE CHIEF | | |
| Telephone | Cellular | Fax | Email |
| | | | |
| 2nd Contact Name | | | |
| Title/Position | | | |
| Telephone | Cellular | Fax | Email |
| | | | |
| 3rd Contact Name | | | |
| Title/Position | | | |
| Telephone | Cellular | Fax | Email |
| | | | |

Does your agency have a defibrillator? Yes No

If yes, what type? ZOLL Philips LP 500 Other _____ Serial # _____

 Authorized Signature
 (Fire Department Chief or Non-traditional Agency MFR Coordinator)

 Print Name

 Date