



SAFETY AND BUILDINGS
Fire Prevention Program
P. O. Box 7839
Madison, Wisconsin 53701-7839
TTY: Contact Through Relay

Jim Doyle, Governor
Richard J. Leinenkugel, Secretary

FIRE DEPARTMENT ANNUAL UPDATE FORM

Please Type or Clearly Print Information

Date: January 14, 2020

Name of Fire Department: _____ FDID: _____

Street Address of Main Station: _____

Mailing Address: _____

City: _____, WI County: _____

Name of Designated Fire Chief: _____

Date (Month/Year) Fire Chief Originally Elected or Appointed: _____

Fire Chief Phone: (FD Non-Emergency) _____ Best Time to Call: _____

Alternate Phone: _____ Fire Chief E-mail: _____

Name of Lead Fire Inspector: _____

Lead Fire Inspector Phone: _____ Best Time to Call: _____

Lead Fire Inspector E-mail: _____

Name of Public Fire Education Officer: _____

Public Fire Education Officer Phone: _____ Best Time to Call: _____

Public Fire Education Officer E-mail: _____

FAX Number for Fire Department Business: _____

Current Fire Department Pay Status: *

Roster:

Update to: 1 () Career

Number of Current Members: _____

2 () Combination

Number of Firefighters: _____

3 () Volunteer

Number of Fire Inspectors: _____

*See Fire Department Pay Status Key on the back of this page. Correct here as necessary by checking the appropriate status.

FIRE PREVENTION INSPECTIONS:

Who Conducts Fire Prevention Inspections?

() Fire Department Members () Others (Contracted): _____

How many **total** inspections did you perform in your territory last year?: _____ (For example, if you inspected a building and had to re-inspect it 3 more times; that would be 4 inspections.) (This information is **only** used for our planning/estimating the inspection forms that we send to you.)

MUNICIPALITIES:

Our records indicate that the following municipality(s) is (are) located within the territory served by the . () Please review this list and make corrections as appropriate. An Update Section has been provided for those cases where there are additions or corrections to be made.

<u>Muni Code</u>	<u>Name</u>	<u>County</u>	<u>Effective Date***</u>
-------------------------	--------------------	----------------------	---------------------------------

*** Please note that for many Fire Departments, the **Effective Date** (of start of service to a municipality) is currently listed as **1/1/1997**. We realize that date is incorrect for most, if not all, Fire Departments. Prior to January of 1997, the Department of Commerce did not keep records of the effective dates of service. However, as of January 1, 1997, the Department began using a customized database to track all pertinent information concerning Wisconsin fire departments, the municipalities that they serve and also the status of Fire Dues compliance. January 1, 1997 was arbitrarily designated as the "Effective Date" when we initialized our database. We are now updating our records as we receive the actual Effective Date, so please make any necessary corrections to the date(s) listed above (if known).

UPDATE SECTION

Please provide updated information about municipality(s) in the Fire Department's territory. Designate whether Town, Village, or City of: (example; Municipality Town of Adams County: Adams). Please remember to provide the date that the fire department began providing services to a specific municipality. If you no longer provide services to one or more of the municipalities listed above, please indicate the date of termination of service.

1. Municipality _____ County: _____
Effective Date for Services Provided: _____ End Date of Services: _____
2. Municipality _____ County: _____
Effective Date for Services Provided: _____ End Date of Services: _____
3. Municipality _____ County: _____
Effective Date for Services Provided: _____ End Date of Services: _____
4. Municipality _____ County: _____
Effective Date for Services Provided: _____ End Date of Services: _____
5. Municipality _____ County: _____
Effective Date for Services Provided: _____ End Date of Services: _____

***PAY STATUS KEY**

- | | |
|-----------------|--|
| 1 – Career | 5 – Federal/State/Military |
| 2 – Combination | 6 – Private |
| 3 – Volunteer | 9 – Inactive (dissolved or reorganized with another fire department) |
| 4 – Affiliate | |