

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 In			January 14, 2020
Name of Fire Department:		FDID:		
Street Address of Main Station:				
Mailing Address:				
City:, WI County	r:			
Name of Designated Fire Chief:				
Date (Month/Year) Fire Chief Originally Ele	ected 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 Busines	s:			
Current Fire Department Pay Status: _*	<u>!</u>	Roster:		
Update to: 1 () Career	1	Number of Current Me	mbers:	<u> </u>
2 () Combination	1	Number of Firefighters:		
3 () Volunteer *See Fire Department Pay Status Key on th		Number of Fire Inspects necessary by checking		 riate status.
	FIRE PREVENTION IN	SPECTIONS:		
Who Conducts Fire Prevention Inspections () Fire Department Members () Others (Contracted):			_
How many total inspections did you perfo to re-inspect it 3 more times; that would be we send to you.)				
	*****	01 01 1	. 4 4 4 4	

SBD-10114 (R.9/09)

MUNICIPALITIES:

4 – Affiliate

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.

Muni Code	<u>Name</u>	<u>County</u>	Effective Date***	
realize that date of the effective of information con 1997 was arbite	e is incorrect for most, in dates of service. Howe deerning Wisconsin fire traily designated as the	f not all, Fire Departments. Prior to Jar ver, as of January 1, 1997, the Depart departments, the municipalities that the	` '	1,
•	•	out municipality(s) in the Fire Departm	ent's territory. Designate whether Town, Village, or City of:	
	· · · · · ·		r to provide the date that the fire department began providing or more of the municipalities listed above, please indicate the dat	tα
of termination o	· · · -	ou no longer provide services to one	5 more of the municipalities listed above, please indicate the date	<u></u>
1. Municipality	<i>(</i>		County:	
			te of Services:	
			County:	
Effective Da	ate for Services Provide	ed: End Da	te of Services:	
3. Municipality	/		County:	
Effective Da	ate for Services Provide	ed: End Da	te of Services:	
4. Municipality	1		County:	
Effective Da	ate for Services Provide	ed: End Da	te of Services:	
5. Municipality	<i></i>		County:	
Effective Da	ate for Services Provide	ed: End Da	te of Services:	
1 – Career 2 – Combinatio 3 – Volunteer			e department)	