

**FIRE DEPARTMENT INFORMATION UPDATE FORM**

**Please enter the appropriate information and return to the Department of  
Emergency Management so we can update the Chiefs Listing/database.  
421 Montgomery Street, sub-basement  
Syracuse, NY 13202  
FAX: (315) 435-3309**

Fire Department \_\_\_\_\_ Main Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Fax Number \_\_\_\_\_  
City/Town \_\_\_\_\_ Zip \_\_\_\_\_ FD Email Address \_\_\_\_\_  
FD Website Address \_\_\_\_\_

Name _____	FD Title _____
Home Address _____	Email _____
City/Town _____ Zip _____	
Work Phone _____ Fax # _____	Home Phone _____
Cell Phone _____ Pager # _____	

Name _____	FD Title _____
Home Address _____	Email _____
City/Town _____ Zip _____	
Work Phone _____ Fax # _____	Home Phone _____
Cell Phone _____ Pager # _____	

Name _____	FD Title _____
Home Address _____	Email _____
City/Town _____ Zip _____	
Work Phone _____ Fax # _____	Home Phone _____
Cell Phone _____ Pager # _____	

**Submitted By** \_\_\_\_\_ **Date** \_\_\_\_\_