

# Fire Department Information



Please complete your department information and mail to the State Fire Marshal Agency, 246 S 14<sup>th</sup> St, Lincoln, NE 68508-1804 or email to [alyssa.sanders@nebraska.gov](mailto:alyssa.sanders@nebraska.gov). This information will be used for mailings and statistical purposes. Required fields are marked with an asterisk (\*). This form should also be used to notify the Agency of any changes to previously submitted information.

## Fire Department:

\*Name \_\_\_\_\_  
\*Address (Physical) \_\_\_\_\_ (Mailing) \_\_\_\_\_  
\*City \_\_\_\_\_ Zip Code \_\_\_\_\_  
\*Phone \_\_\_\_\_ \*Email \_\_\_\_\_  
\*Nebraska Fire Incident Reporting System (NEFIRS) Contact Name, Phone #, Email \_\_\_\_\_

## Fire Chief:

\*Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
\*Daytime Phone \_\_\_\_\_ \*Evening Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_  
\*Email address \_\_\_\_\_

## Assistant Fire Chief:

\*Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_  
Email address \_\_\_\_\_  
Training Officer (if different than above): Name \_\_\_\_\_ Phone \_\_\_\_\_

## Fire Department Information:

\*All mail should be sent to:  
Fire Department address \_\_\_\_\_ Fire Chief address \_\_\_\_\_ Assistant Fire Chief address \_\_\_\_\_  
\*Does the Fire Chief receive monetary compensation of \$50 or more from the fire department for the performance of his/her duties? Yes \_\_\_\_\_ No \_\_\_\_\_  
\*Number of firefighters currently on the department (please enter the actual number in the spaces and not an "X")  
Number Paid \_\_\_\_\_ Number Volunteers Paid Per Call \_\_\_\_\_ Number Volunteers \_\_\_\_\_  
\*Is your department: Fire only \_\_\_\_\_ Fire and Rescue \_\_\_\_\_  
Career (100% paid) \_\_\_\_\_ Combination (paid & volunteer) \_\_\_\_\_ All Volunteer (100% volunteer) \_\_\_\_\_  
\*Number of stations \_\_\_\_\_  
\*Is your Department part of a fire district? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, name of District: \_\_\_\_\_  
Population protected (this is an estimate of the number of people living in your jurisdiction) \_\_\_\_\_