



Agency Information Update

Date: _____

Agency/Department Name: _____

Level of Care: _____ Agency Number: _____ Does your agency bill? yes no

Ambulance/First Response? Ambulance BLSFR ALSFR

Physical Address: _____ Mailing Address: _____

Phone Number: _____ Fax: _____

Agency Specific Email: _____

Election month: _____

EMS Captain: _____

Phone: _____ Email: _____

Address: _____

Fire Dept. Chief: _____

Phone: _____ Email: _____

Address: _____

STEMS Agency Contact: ****All communications from STEMS will be directed to this person.****

EMS Captain Fire Chief Other (please provide contact information below)

Name: _____

Phone: _____ Email: _____

Address: _____

Medical Director: _____

Comments/Questions/Concerns: _____