



BROOKHAVEN TOWN FIRE POLICE ASSOCIATION

DEPARTMENT INFORMATION SHEET

2020

FIRE POLICE - DEPARTMENT INFORMATION

DEPT: _____

Address: _____ Station # _____

Street Address

City

State

ZIP Code

Phone: _____ Email _____

FIRE POLICE OFFICERS

Please list Fire Police Captain, Lieutenants and emergency contact person.

Full Name: _____ Title: _____

Certification: _____ Phone: _____

Full Name: _____ Title: _____

Certification: _____ Phone: _____

Full Name: _____ Title: _____

Certification: _____ Phone: _____

OTHER: _____

CHIEF OF DEPARTMENT INFORMATION

Name: _____ Phone: _____

Name: _____

Email : _____ Email : _____

DISTRICT

Department _____ Phone: _____

Address: _____ Manager: _____

VEHICLE TYPE

Vehicle : _____ Year: _____ Color: _____

Specialty Equipment: _____ Type of Vehicle: _____

Other pertinent information: _____

VEHICLE TYPE

Vehicle : _____ Year: _____ Color: _____

Specialty Equipment: _____ Type of Vehicle: _____

Other pertinent information: _____

VEHICLE TYPE

Vehicle : _____ Year: _____ Color: _____

Specialty Equipment: _____ Type of Vehicle: _____

Other pertinent information: _____

OTHER

Election DATE : _____ # of Members: _____ # of Cones: _____

Light tower/generators/etc: _____ Specialized Training: _____

Other pertinent information: _____

FIRE POLICE CAPTAIN

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

**RETURN TO : R. GUNNING
VICE-PRESIDENT, BHTFPA
BHT.FIREPOLICE.ASSOC@GMAIL.COM**