



VFD Fire Group

54 Lever Dr.
Palm Coast, FL 32137
386-446-0073 - FAX
www.VFD-Fire.com
www.Used-FireTrucks.com

Some of Our Other Fire Truck Listing Web Sites

WillGriffinFire.com
New-FireTrucks.com
FireTruck-Dealers.com
Fire-Trucks-Sale.com
Tanker-Pumper.com
Firefighting-Supplies.com

Fire Department Profile Form

Date: _____

Please complete this form as promptly and accurately as is possible. The following information is necessary for Will Griffin Fire and its subsidiaries The VFD-Fire Group and The VFD-Funding Group to have the data necessary to best advise, assist and service you, our customer, and fellow firefighters.

Department Contact:

Department Name: _____ # of Stations: _____

Address, City/State/Zip _____

Department Phone #: _____ Web Address: _____

Department Description:

Volunteer ___ Combined ___ Fully Paid ___ Fire District ___ Other ___

Number of Members: ___ Active Members: ___ Average # of Responders/Incident: ___

Tax/Levee Subsidized? ___ Yes ___ No Annual County/State Funding? ___ Yes ___ No

Last Grant: ___ Type: _____ Amount: \$_____ Purpose: _____

Other Funding Sources: _____

Officers:

Chief/Contact: _____ Phone #: _____ E-mail: _____

President: _____ Phone #: _____ E-mail: _____

Secretary: _____ Phone #: _____ E-mail: _____

Existing Apparatus: *(List primaries first. If more than 3 vehicles, please add others below)*

Type	Manufacturer	Model Year	Tank Size/Pump Size/Etc.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Call Volume & Nature of Alarms:

Please use N/A for those which may not apply.

Response Descriptions	Last Week	Last Month	Last Quarter	Last Year
A. Total Calls				
B. Structure Fires				
C. Brush/Wildfires				
D. Vehicle Accidents/Fires				
E. ALS Ambulance				
F. BLS Ambulance				
G. Mutual Aid				
H. HazMat Incidents				
I. False Alarms				
Other Calls (<i>Specify</i>)				

Description of Additional Apparatus:

Type	Manufacturer	Model Year	Tank Size/Pump Size/Etc.
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

Additional Information:

Please give us any further information you deem it may be important for us to know about your fire department, its needs, and the needs of your community.

Please fax, send as an e-mail attachment, or mail this form as soon as possible; so we promptly may have the above facts to add to our existing information, to better assist and to serve you.