



# Westchester County Department of Emergency Services

## Fire Chief's Inventory Form

E-Mail [Form](#)

Fire Department Name: \_\_\_\_\_

Headquarters Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Department Emergency Phone #: \_\_\_\_\_ Department Fax #: \_\_\_\_\_

Department Non-Emergency Phone: \_\_\_\_\_

Dept. General E-Mail : \_\_\_\_\_

Dept. Website: www. \_\_\_\_\_

**Please Print Clearly**

Chief: \_\_\_\_\_

Phone Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

E-Mail : \_\_\_\_\_

1<sup>st</sup> Asst . Chief : \_\_\_\_\_

Phone Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

E-Mail : \_\_\_\_\_

2nd Asst . Chief \_\_\_\_\_

Phone Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

E-Mail : \_\_\_\_\_

When do Chief Officers take office?: \_\_\_\_\_ Length of Terms?: \_\_\_\_\_

Is there an E-Mail address that goes to all of your Chiefs? ☐ Yes ☐ No

If Yes, what is that E-Mail address: \_\_\_\_\_

Does your agency utilize an electronic Records Management System (RMS): ☐ Yes ☐ No

RMS Name/Brand: \_\_\_\_\_

During a large scale emergency does your agency assign an officer to the municipal Emergency Operations Center

(EOC): ☐ Yes ☐ No If yes, where is the EOC located? \_\_\_\_\_

**Please email the completed form to: [60ControlRecords@westchestercountyny.gov](mailto:60ControlRecords@westchestercountyny.gov)**

E-Mail [Form](#)