



Westchester County Department of Emergency Services

EMS Officer's Inventory Form

E-Mail Form

EMS Agency Name: _____

Headquarters Address: _____

Mailing Address: _____

Agency Emergency Phone #: _____ Agency Fax #: _____

Agency Non-Emergency Phone: _____

Agency General E-Mail : _____

Agency Website: www. _____

Please Print Clearly

EMS Captain/Chief: _____

Phone Work #: _____ Other #: _____

Cell #: _____ Cell Provider: _____

E-Mail : _____

Captain/Lieutenant : _____

Phone Work #: _____ Other #: _____

Cell #: _____ Cell Provider: _____

E-Mail : _____

Lieutenant : _____

Phone Work #: _____ Other #: _____

Cell #: _____ Cell Provider: _____

E-Mail : _____

When do EMS Officers take office?: _____ Length of Terms?: _____

Is there an E-Mail address that goes to all of your Officers? ☐ 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

E-Mail Form