

State of Connecticut
Commission on Fire Prevention and Control

Connecticut Fire Net

Internet Web Site Information Form

Fax Completed and Signed form to Alberta at
FAX 860-654-1889

	Please list the following information for your Department/Organization
Fire Department or Organization Name	
Street	
City or Town	
State	
Zip	
County	
Telephone Number	
Fax Number	
Email if applicable	
Head of Department/ Organization & Title	
Elected Position or Appointed Position	
Annual Budget	
Date/Year Organized	
Career, Volunteer or Combination	
# of Career Personnel	
# of Volunteer Personnel	
# of Combination Personnel	
Geographical area served (in miles)	
Area/Towns Served	
Fire, EMS or Both	
Home Page Address if applicable	
Head of Department Signature Required	

Thank you for filling out this form.