



NIAGARA COUNTY FIRE POLICE RESPONSE TEAM



Membership Application and Information Form

To join the Niagara County Fire Police Response Team - Please fill out all information below

RETURN TO: Niagara County Fire Police Response Team
Deputy Coordinator
Mark Walter
716-471-4403

Date of Application _____

(Please Print)

Last Name: _____ First _____ M.I. _____

Street Address: _____ P.O. Box _____ APT. # _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: () _____ Home: () _____

Cell Phone Carrier for IAMRESPONDING SET UP: _____

E-Mail #1: _____ E-Mail #2: _____

Can we send text messages to you: YES _____ or NO _____

Your Fire Co. / Dept. Name: _____

Your Fire Co. / Dept. AREA #: # 1 # 2 # 3 # 4

Your Type of Pager for Programming Tones: Motorola Type 5 Type 6 Unication _____

Your Position Title: Regular Fire Police Fire Police Capt. Fire Police Lt.

Clothing:

1) Fire Police Vest Size _____ 2) Fire Police Jacket Size _____

3) Polo Shirt Size _____ 4) T-Shirt Size _____

5) Other Type of Clothing & Size _____ Size _____

Member Signature: _____ Date: _____