



SHOWCASE YOUR DEPARTMENT

Please complete this form and your department will be featured in an upcoming issue of the Minnesota Firefighter Newspaper.

Submitter's Name: _____ **Submitter's Phone Number:** _____

Department Name: _____ **Year Dept was Established:** _____

Member Information:

Full Time _____ Volunteer _____ Paid-on-Call _____ Total _____

Calls per Year:

Fire _____ Rescue/Extrication _____ Medical _____ Total _____

Apparatus:

Pumpers _____ Tankers _____ Rescue _____ Ambulance _____ Ladder _____ Grass _____

Other (specify) _____

Other interesting information:

Mail or email completed form to: MSFDA, 28711 Holly Drive NW, Isanti, MN 55040
Email photo and list of names as they appear in photo to: deedee@msfda.org