



COUNTY OF ULSTER

EMERGENCY COMMUNICATIONS / EMERGENCY MANAGEMENT
 238 GOLDEN HILL LANE
 KINGSTON, NEW YORK 12401-6440

Ambulance Squad Officers' List for _____

Ambulance Squad Name: _____

Pg ____ **of** ____

Captain:	Home Ph:
	Cell Ph:
Mail Address:	Work Ph:
	E-Mail:
	Radio ID:

Assistant Captain:	Home Ph:
	Cell Ph:
Mail Address:	Work Ph:
	E-Mail:
	Radio ID:

Rank	Name	Home	Cell	Work	Radio
Pres.					
Chm B of D					

Squad Mailing Address:	Squad Bldg Ph:
	Squad Bldg Fax:
	Squad Cell Ph:
	Squad E-Mail:

Board of Directors Address:

(All mail will be sent to "Squad Mailing Address" listed above)

Submit Form via E-mail to spet@co.ulster.ny.us or FAX (845) 331-1738

Official use only: CAD _____ Fox Notes _____ File _____