



# COUNTY OF ULSTER

DEPARTMENT OF EMERGENCY SERVICES  
238 GOLDEN HILL LANE  
KINGSTON, NEW YORK 12401-6440

## Ambulance Squad Officers' List for \_\_\_\_\_

**Ambulance Squad Name:** \_\_\_\_\_

**Pg** \_\_\_\_ **of** \_\_\_\_

<b>Captain:</b>	Home Ph:
	Cell Ph:
<b>Mail Address:</b>	Work Ph:
	E-Mail:
	Radio ID:

<b>Assistant Captain:</b>	Home Ph:
	Cell Ph:
<b>Mail Address:</b>	Work Ph:
	E-Mail:
	Radio ID:

Rank	Name	Home	Cell	Work	Radio
<b>Pres.</b>					
<b>Chm B of D</b>					

<b>Squad Mailing Address:</b>	Squad Bldg Ph:
	Squad Bldg Fax:
	Squad Cell Ph:
	Squad E-Mail:

<b>Board of Directors Address:</b>
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(All mail will be sent to "Squad Mailing Address" listed above)

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

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