

MATT M. ROSENDALE
**Commissioner of Insurance &
Securities**
Office of the State Auditor
840 Helena Avenue
Helena, Montana 59601 (406)
444-2040



**ANNUAL
FIRE
DEPARTMENT
REPORT**

File on or before April 1st

_____, Montana _____, 20____
(City or Town)

Pursuant to the provisions of Section 19-18-511, MCA, I respectfully submit the following report on the
_____ Fire Department for the preceding year ending **December 31, _____**.

Date Organized: _____ Number of Stations: _____ Business Phone Number: _____

Number of: Engines _____ Trucks _____ Other: _____ Specify _____

Does the value of all equipment exceed \$750.00? Yes _____ No _____

Volunteer Fire Departments Only (complete the following two questions):

1. Time & Location of meetings _____

2. Have all members received at least 30 hours of instruction during the past year? _____

Number of active members: Paid _____ Part Paid _____ Volunteer _____

Number of Civilian Employees: Paid _____ Part Paid _____ Volunteer _____

Chief _____ Home Phone _____

Asst. Chief _____ Home Phone _____

Fire Marshall _____ Home Phone _____

Water Supply:
Source of Supply _____ Storage Capacity _____ Gal.

Miles of Mains _____ Number of Hydrants _____ Average Pressure _____

Hydrants maintained and flushed by _____

Describe Fire Alarm System: _____

(OVER)

Apparatus-Pumping

Year	Make	Pumping Cap. GPM	Tank Capacity	3" Hose Carried (ft.)	2 ½' Hose Carried (ft.)	1 ½" Hose Carried (ft.)
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____

Apparatus-Aerial or Elevating Platform

Year	Make	Extended Height	Equipment With Pump
1. _____			
2. _____			

Apparatus-Other

Year	Make	Use of Equipment Carried
1. _____		
2. _____		

Hose

Size	Total Feet	N.S.	I.P.T.	Other	Tested Annually?		Pressure
					Yes	No	
3"							
2 ½"							
1 ½"							

I hereby certify the above information is true and correct to the best of my knowledge.

(Signature of City Clerk)

(Type or Print Name of City Clerk)