



City of Peoria Fire-Medical Department

8401 West Monroe Street, Peoria, Arizona 85345
Phone: 623-773-7279 Fax: 623-773-7295

Emergency Notification Information

The Peoria Fire-Medical Department will use the information on this form to provide assistance to the member(s) and family in the event of serious illness, injury or death of an employee.

SECTION A: EMPLOYEE INFORMATION			
Name:	Title:	Date:	
Home Address:	City/State/Zip:	Phone:	
Work Location/Unit:	Supervisor Name:	Work Phone:	
SECTION B: PERSON TO NOTIFY IN CASE OF SERIOUS ILLNESS, INJURY OR DEATH			
Name:	First Choice -	Second Choice -	Third Choice -
Primary Phone:			
Alt. Phone:			
Home Address:			
Work Address:			
SECTION C: FIRE DEPT. MEMBERS TO NOTIFY IN CASE OF SERIOUS ILLNESS, INJURY OR DEATH			
Name:	First Choice -	Second Choice -	Third Choice -
Primary Phone:			
Alt. Phone:			
Work Location:			
SECTION D: EMPLOYEE AND FAMILY ASSISTANCE OPTIONS – OPT OUT ONLY			
Decline	In the event of a SERIOUS ILLNESS or INJURY, I would like all assistance the City of Peoria, the Peoria Fire-Medical Dept., and the Peoria Firefighters Charities can provide my family and me.		
Decline	In the event of a LINE OF DUTY DEATH, I would like all assistance the City of Peoria, the Peoria Fire-Medical Dept., and the Peoria Firefighters Charities can provide my family and me.		
Decline	In the event of a LINE OF DUTY DEATH, I would like full firefighter honors.		

