|  |  |
| --- | --- |
| **Agency Name** |  |
| **Agency Contact**  |  |

1. **What services are provided within your agency’s boundary?**

|  |  |  |
| --- | --- | --- |
|  | **Check one box per row.** | If column B or C |
|  | **A**My agency is responsible for & directly provides: | **B**Another agency or department is responsible for & directly provides: | **C**My agency is responsible for but has chosen to contract with another agency or department for: | **D**This service is not provided within my agency | What agency or dept. (e.g. County Fire, City Bldg. & Safety) |
| FIRE PREVENTION |  |
| Vegetation Management |[ ] [ ] [ ] [ ]   |
| Fire Code Enforcement |[ ] [ ] [ ] [ ]   |
| Plan Check/Permit |[ ] [ ] [ ] [ ]   |
| FIRE SUPPRESSION |  |
| Hazardous Materials Response |[ ] [ ] [ ] [ ]   |
| Fire Investigation |[ ] [ ] [ ] [ ]   |
| Support Wildland Urban Incidents |[ ] [ ] [ ] [ ]   |
| EMERGENCY MEDICAL |  |
| Advance Life Support |[ ] [ ] [ ] [ ]   |
| Tactical EMS |[ ] [ ] [ ] [ ]   |
| Hospital Transport |[ ] [ ] [ ] [ ]   |
| OTHER |  |
| Dispatch |[ ] [ ] [ ] [ ]   |
| Other |[ ] [ ] [ ] [ ]   |

|  |
| --- |
| **Comments:**  |

1. **Please list the structural and EMS mutual aid and automatic aid agreements that your agency is a signatory. Do not include state-mandated or state-sponsored mutual aid.**

|  |  |
| --- | --- |
| **Mutual Aid or Automatic Aid** | **Agencies Participating** |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |

1. **In addition to mutual aid and automatic aid, does your agency provide any services, full-time, outside of its boundary by contract?** YES[ ] NO[ ]

**If yes, please complete the table below.**

|  |  |
| --- | --- |
|  | **My agency is contracted to provide full-time services within the boundary of another agency** |
| **What agency or dept.** **(e.g. City of XX, City Public Works)** | **Expiration date of contract** |
| **Fire Prevention** |  |  |
| **Fire Suppression** |  |  |
| **Hazardous Materials Response** |  |  |
| **Fire Investigation** |  |  |
| **Support for Wildland Urban Incidents** |  |  |
| **Tactical EMS** |  |  |
| **Hospital Transport** |  |  |
| **Dispatch** |  |  |
| **Other** |  |  |

|  |
| --- |
| **Comments:** |

1. **List all fire stations for your agency:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Fire Station No.** | **Address or Location** | **Active, Inactive** | **Comments** |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |

1. **Identify all fire and EMS-related apparatus (per the Fire Scope Defined Apparatus). If you have this inventory in another format, you may attach it with this questionnaire.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type** **(per Fire Scope-Definition)** | **Year** | **Miles** | **Active, reserve** | **Located at Station No.** | **Notes (optional)** |
|  | Choose an item. | Choose an item. | Choose an item. |  |   |
|  | Choose an item. | Choose an item. | Choose an item. |  |  |
|  | Choose an item. | Choose an item. | Choose an item. |  |  |
|  | Choose an item. | Choose an item. | Choose an item. |  |  |
|  | Choose an item. | Choose an item. | Choose an item. |  |  |
|  | Choose an item. | Choose an item. | Choose an item. |  |  |
|  | Choose an item. | Choose an item. | Choose an item. |  |  |

1. **Identify if your agency shares, permanently or continually, any of the following with other agencies or departments:**

|  |  |
| --- | --- |
| **Facilities:**  |  |

|  |  |
| --- | --- |
| **Equipment:**  |  |

|  |  |
| --- | --- |
| **Training:**  |  |

1. **Does your agency have a special tax or assessment?** YES[ ] NO[ ]

**If yes, what is the:**

* 1. mechanism

|  |  |
| --- | --- |
| Choose an item. | Notes: |

* 1. specified purpose (e.g. paramedic, fire, public safety with fire component)

|  |  |
| --- | --- |
| Choose an item. | Notes: |

* 1. expiration date:

|  |
| --- |
|  |

* 1. Is there an escalator for inflation? YES[ ] NO[ ]

|  |
| --- |
| Notes: |

1. **What is your agency’s current Insurance Service Office (ISO) rating(s)? Feel free to expand.**

|  |
| --- |
|  |

1. **Please attach a copy of the most recent budget and capital replacement program and any recently completed reports or studies on your agency’s operations (i.e. master plans, strategic plans).**
2. **Please click on the link below for a confidential survey. The purpose of the survey is to provide confidential views on industry-wide matters. An agency name is not requested. Estimated time: 5 minutes.**

[**https://www.surveymonkey.com/r/LAFCOfire**](https://www.surveymonkey.com/r/LAFCOfire)

**Please return this questionnaire and any materials to LAFCO to either:**

* LAFCO, 1170 W. Third Street, Unit 150, San Bernardino, CA 92415-0490
* **mtuerpe@lafco.sbcounty.gov**