



Kansas State Fire Marshal FIRE DEPARTMENT CONTACT FORM

Please fill out & return to: KFIRS@ks.gov or fax to
785-296-0151.

Department Name:
Current FDID #:

Physical Address:
City:
Zip:

Mailing Address:
City:
Zip:

Department Phone #: Reporting Software Name or
Direct Report to NFIRS/NERIS:

of Stations: Career, Volunteer, or
Combination: # Members:
Firefighters:

Fire Chief Name: Chief Phone #:
Chief Email:

Contact Title/Name: Contact Phone #:
Contact Email:

Contact Title/Name: Contact Phone #:
Contact Email:

Contact Title/Name: Contact Phone #:
Contact Email:

Do you have a local Fire Marshal for your Department? FM Name: FM Phone #:
FM Email:

NERIS CONTACTS-Please designate 2 contacts from your department to oversee your transition from NFIRS to NERIS.

Provide Name and email for each please. If listed above, you can just list name.

NERIS Contact Name & Title:
Email:
NERIS Contact Name & Title:
Email:

Any time your department has any updates to Admin staff or anyone listed on this form, please send the new information so we can keep our records current on your information for our mailing lists, safety notices, etc. Thank you!