



City of Rochester Hills
2005 Survey - 1st Draft dtd 03-14-05
Municipal Fire Departments

1000 Rochester Hills Dr.
Rochester Hills, MI 48309
248. 841.2463
www.rochesterhills.org

The Rochester Hills City Council Public Safety Committee would like your feedback regarding services provided by your Fire Department. We appreciate your time in completing this survey. Thank you!

Profile Information: *Please type or print using black ink.*

Municipality: _____ Contact Person: _____

Mailing Address: _____

City: _____ State: MI Zip Code: _____

Business Phone: _____ Fax: _____

E-Mail: _____

Survey Questions:

1. How do you provide Emergency Medical Services (EMS)? Do you use a private source or a Fire-based source, i.e., your municipal Fire Department? Please briefly explain.

2. If you use your municipal Fire Department for EMS services, do you provide the transport service? How? Please briefly explain.

3. Does your EMS responders travel in an ambulance or other type of vehicle when responding to a call, i.e. Fire engine, heavy duty rescue ambulance, etc. Please briefly explain.

4. How do you provide Fire protection? Do you use full-time Fire personnel, part-time Fire personnel or a combination of both? Please briefly explain.

5. How many Fire stations do you currently operate? What are the staffing numbers for full time and/or part-time positions per station? Please briefly explain.

6. How is your Fire Department funded, i.e. millage, etc? Please briefly explain.

7. Do you have a Fire-based EMS budget? If so, what has been the annual revenue for the past 3 to 5 years? Please briefly explain.

8. Do you use any local, state, or federal criteria for your full-time and/or part-time staffing levels, i.e., number of Firefighters on duty per 24-hour period, etc? Please briefly explain.

9. What are the square miles of your service area?

10. Do you use Public Safety Aides or have a Public Safety Aid Program in place? If yes, please briefly describe your program to include duties and funding source.

Signed: _____
Title: _____

Dated: _____

Please fax or email the completed survey by [DATE?] 2005 to:

City of Rochester Hills Clerk's Office
Susan Koliba-Galeczka, City Council Liaison
1000 Rochester Hills Drive.
Rochester Hills, MI 48309
Fax: 248. 656.4744
Email: Galeczks@rochesterhills.org

<i>Office Use Only:</i> _____	<i>Date Received:</i> _____
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