

City of Rochester Hills 2005 Survey Municipal Fire Departments

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

The Rochester Hills City Council's Public Safety Committee would like your feedback regarding services provided by your Fire Department. We appreciate your time in completing this survey. If you are interested in receiving the compiled information, please check the box below your signature. Thank you!

Profile Information: Please type or print using black ink.
Municipality: Ling or Augustu Hills Contact Person: MAZIL K WALTESTHOUS
Mailing Address: 1827 N. SQUITZEL RD
City: AUBURN HIY/S State: MI Zip Code: 4832C
Business Phone: 248.370.9461 Fax: 298.320 -9358
E-Mail: MWALTESTHE AVBURNHIT/S. ORG
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 ALL STARTED WITH I FIRE FIGHTED FOR A PRIVATE PROVIDED. EXCENSEST PORTS
PARTNERSHIP
2. If you use your municipal Fire Department for EMS services, do you provide the transport service? How? Please briefly explain. VES WE HAVE Z FD AMBULANCES AND Z PUT PROVIDED AMBULANCES. BOTH FULL TIME AND POC TRANSPORT
3. What is your initial apparatus response to a medical emergency, i.e. Fire engine, heavy-duty rescue ambulance, etc? Please briefly explain. [PROMICE ANDICALE AND
4. How do you provide Fire protection? Do you use full-time Fire personnel, part-time Fire personnel, paid-on-call personnel (POC) or a combination? Please briefly explain.
12 FT-R- 38 PCL
5. If you use POC personnel, what is their hourly rate of pay? Do you have any incentive programs to retain and enhance POC personnel? Please briefly explain.
6. Do you have a Fire-based EMS budget? If so, what has been the annual revenue for the past three (3) to five (5) years? Please briefly explain.

7. 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.
3 Fire Starton's Starton's Please orienty explain.
SPAPIDN-2 /2 FT & 12 PCL
STASTUM) 12 POL
8. How is your Fire Department funded, i.e. millage, etc? Please briefly explain. Millage to? Please briefly explain. Millage to? Please briefly explain. Millage to? Please briefly explain.
9. 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.
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.
NO, All Programs Are CORDINARIO = PRESENTED
By FARE PREVENTION SPAFE
11. Please briefly describe your service area to include the following: Square miles
12. Do you receive assistance from other agencies for Fire and/or Police i.e. other communities, mutual aid, State Police, etc? Please briefly explain. MULLING AND PARTICLES WITH TOURS HILLS FOR SOME AND TOURS FOR TOURS FOUND FOR TOURS
Signed: Mark Walls Dated: 4-11-05
Title: FTK2 CHICF
Yes, I would like a copy of the compiled information.
Please fax or email the completed survey by May 5, 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 APR 11 2005 ROCHESTER HILLS CITY COUNCIL

Office Use Only:

Date Received: