

# FIRE RESPONSE EXCHANGE FORM

This form is to be completed and sent to METCAD any time response areas are exchanged between fire departments and fire protection districts or any combination thereof.

1. Provide a detailed description of the area to be exchanged (address, addresses, mile markers, intersections, etc. Please provide as detailed a description as possible and attach additional documentation as needed (i.e. maps, legal documents, etc.)).

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2. Agency currently responsible for this property: \_\_\_\_\_

3. Agency accepting responsibility for this property: \_\_\_\_\_

4. Effective date: \_\_\_\_\_

5. Name of person completing this form: \_\_\_\_\_

6. Telephone Number: \_\_\_\_\_

7. E-Mail: \_\_\_\_\_

We, the undersigned Chiefs, hereby agree that the area(s) outlined in this documents are hereby exchanged between our respective agencies on the date indicated. METCAD is hereby directed to amend run procedures for the area(s) outlined in this document on, or as close to as possible to, the date indicated on this form.

Champaign County

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Printed name

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Printed name

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

METCAD Deputy Director

Approved: \_\_\_\_\_

Date/Initials

METCAD Geobase Coordinator

Completed: \_\_\_\_\_

Date/Initials

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