IAFF Local I-60

United Emergency Medical Professionals of Arizona

Union Request Fax Form

Fax to: 1-866-588-7802

Date of Incident: _____ Time: _____

Name(s): _____

Contact phone number: _____

Comment(s):

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○ Please contact ASAP!

○ Please keep name confidential to Union officers only.

○ No response requested.

○ Just an FYI.

…Please make station copies when supply runs low…
Go to www.uempa.org for pdf. form.
Thanks