



The City of Winnipeg
Fire Paramedic Service
Request to Update Response Information in the
WFPS 911 Computer Aided Dispatch System

NOTE: This form should be downloaded to your computer, filled out, and submitted via email to: FPS-Inquiries@winnipeg.ca

DATE YY-MM-DD:

Name of Building/Client/Patient:

Address:

Postal Code:

Telephone Number:

Contact Person:

Contact Phone Number:

Contact Email:

Alternate Telephone Number:

Type of Update:

No expiry:	C/HZ- Critical Hazards	HAZ- Hazardous Materials	LCK- Lock Box
	LOC- Location Info	S/M- Special Medical	PNL- Alarm Panel (addition)
48 hour expiry date:	SPR- Sprinkler		
30 day expiry date:	HYD- Hydrant	PNL- Alarm Panel (outage)	

Details:

Additional Comments:

For Communications use only:

Date received:

Date entered in CAD:

Operator ID:

Follow up date:

***** IMPORTANT *****

Winnipeg Fire Paramedic Service will maintain support notes for those locations that have no expiry date for a period of 1 (one) year. This information will automatically DELETE from our records if no update has been received before the expiry date.