OHIO STATE FIREFIGHTERS' ASSOCIATION, INC.

"Outstanding Fire Service Award"

"Nomination Form"
Qualifications Required: Minimum of 25 years of Service
Fire Department must be current OSFA Member

Date: _____

I wish to nominate_____ of the

_____Fire Department

Dept. address_____

Nominee is Living: _____ Active: _____ Retired: _____ Deceased: _____

Fire Service Occupation or Rank: _____ Years of Service: _____

Please list and explain the major contributions the nominee has made to the fire department. Use second sheet if necessary.

_____

_____

_____

_____

_____

_____

_____

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_____

Member of Organization making nomination:_____

Address: _____

Phone #: _____ Signed: _____

Date award is needed by: _____ Do you wish for an O.S.F.A. officer to make the

presentation?_____

Please return this completed form to:

Becky Mole
35253 Grafton Eastern Road
Grafton, Ohio 44044
Have questions, please call: 440-308-6193