



The Suffolk County Volunteer Firemen's Association, Inc.



# 50 Year Certificate Request Form

**\*\* All Requests must be received no later than 1 month prior to the presentation**

Today's Date: \_\_\_\_\_

### Requester's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fire Department: \_\_\_\_\_

Phone: \_\_\_\_\_

### Recipient's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fire Department: \_\_\_\_\_

Years of Service: \_\_\_\_\_

Presentation Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Do you require a Suffolk County Representative: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please mail this Form to:  
SCVFA Secretary Jean Christensen  
P.O. Box 1463  
Ronkonkoma, New York, 11779