



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 1462
Ronkonkoma, New York, 11779