



YOUR NOMINATION FOR FIREFIGHTER OF THE YEAR FOR OUTSTANDING ACT:

Name of Nominee for Outstanding Act:

OF THE _____ FIRE DEPARTMENT/COMPANY

Chief's Name _____

Signature (Chief please sign)

Department/Company/ Name or Person making this Nomination _____

Contact Name _____

Address _____

Phone # _____ Email _____

Please describe your nominee's Outstanding Act (please attach additional pages and newspaper clippings or documents that support the action this firefighter is nominated for).

Please return this form to;
CCVFA
Eric Barnes
2 Hoffman St.
Chatham, NY 12037
ebarnes@chathamfire.net