

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.

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:

Tim Adams
35810 Neff Road
Grafton, Ohio 44044
Have questions, please call: 330-483-4923