

FIRE DEPARTMENT OFFICER FORM

Return by Mail:
Charity Conzone
Fire Coordinator's Office
720 East Seneca Street
Oswego, New York 13126

Fax: 349-8810

Email: cconzone@oswegocounty.com

Name of Department: _____

Mailing Address: _____

Filing Date: _____ Effective Date: _____

The following is a list of Line and Duty Officers elected to office on
(month) _____ (day) _____ (year) _____ at the annual meeting:

Please list full name, including middle initial as it appears on Driver's License. No nicknames or shortened versions.

CHIEF

Name: _____

Social Security Number: _____

Email: _____

Telephone: _____

Mailing Address: _____

1st ASSISTANT

Name: _____

Social Security Number: _____

Email: _____

Telephone: _____

Mailing Address: _____

2nd ASSISTANT

Name: _____

Social Security Number: _____

Email: _____

Telephone: _____

Mailing Address: _____

3rd ASSISTANT

Name: _____

Social Security Number: _____

Email: _____

Telephone: _____

Mailing Address: _____

4th ASSISTANT

Name: _____

Social Security Number: _____

Email: _____

Telephone: _____

Mailing Address: _____

PRESIDENT

Name: _____

Social Security Number: _____

Email: _____

Telephone: _____

Mailing Address: _____

VICE PRESIDENT

Name: _____

Social Security Number: _____

Email: _____

Telephone: _____

Mailing Address: _____

SECRETARY

Name: _____

Social Security Number: _____

Email: _____

Telephone: _____

Mailing Address: _____

TREASURER

Name: _____

Social Security Number: _____

Email: _____

Telephone: _____

Mailing Address: _____

Person Completing Form: _____

Contact Phone Number: _____