

Return To: Oswego County Fire Coordinator, 720 East Seneca Street, Oswego, New York 13126  
Business #: 349-8800 Fax #: 349-8810 E-mail: [kimr@oswegocounty.com](mailto:kimr@oswegocounty.com)

## FIRE DEPARTMENT OFFICER FORM

**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 YOUR DRIVERS LICENSE  
(NO NICKNAMES OR SHORTENED VERSIONS)

( First M.I. Last)

**CHIEF:** \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ TEL. #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**1<sup>ST</sup> ASST:** \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ TEL. #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**2<sup>ND</sup> ASST:** \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ TEL. #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**3<sup>RD</sup> ASST:** \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ TEL. #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**4<sup>TH</sup> ASST:** \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ TEL. #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**PRESIDENT:** \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ TEL. #: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_

**VICE PRESIDENT:** \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ TEL. #: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_

**SECRETARY:** \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ TEL. #: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_

**TREASURER:** \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ TEL. #: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_

**PERSON COMPLETING FORM** \_\_\_\_\_ **DATE** \_\_\_\_\_