

# FIRE DEPARTMENT OFFICER FORM

**Return by Mail:**  
Laurie Spicer  
Fire Coordinator's Office  
720 East Seneca Street  
Oswego, New York 13126

**Fax:** 349-8810

**Email:** lspicer@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: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

## **1<sup>st</sup> ASSISTANT**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

**2<sup>nd</sup> ASSISTANT**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**3<sup>rd</sup> ASSISTANT**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**4<sup>th</sup> ASSISTANT**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**PRESIDENT**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**VICE PRESIDENT**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**SECRETARY**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**TREASURER**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_