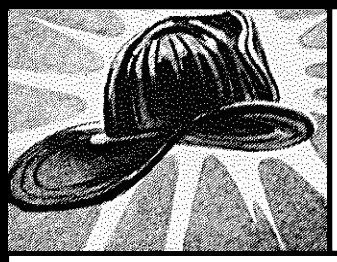

Ohio Fire Service Citizen's Award

Ohio Fire Service Hall of Fame Selection Committee
Ohio Department of Commerce
Division of State Fire Marshal
8895 East Main Street
Reynoldsburg OH 43068

Date: _____

I wish to nominate _____ for the Citizen's Award.

If selected, name as it would appear on plaque: _____

The nominee is living _____ deceased _____

Address (if living): _____
Street City State Zip

Nominee's daytime telephone number: _____

Describe the heroic act. (Please read the information on the reverse side of this page first.) Be sure to include the **full names** of the individuals being nominated, the names and approximate ages of the victims, the **location** where the event took place and a **complete description** of what happened.

_____

_____

_____

_____

_____

_____

_____

_____

(Use additional sheets if necessary)

Person or organization making nomination: _____

_____
Signed Address City State Zip

Nominator's daytime telephone number: _____

Photocopy this page if additional forms are needed.