Washington County Volunteer Fire & Rescue Association

WASHINGTON COUNTY FIRE POLICE FORM

POINTS SYSTEM

Social Security No.:_____ **Date:**_____

Last Name:_____ **First Name:**_____ **Middle:**_____

Fire Police No: _____ **Company No.:**_____ **Month:**_____

DIRECTIONS: Use this form to report all FIRE POLICE CALLS only!
Report all other activities on the standard TIME TRACKING FORM #103

Date	Time		Mileage To/From		Location	Nature of Call/Activity	Incident No.

I hereby certify under the penalty of perjury that the information contained on this form is true and correct to the best of my knowledge, and that I have not received any monetary compensation for any of the above.

(Any person who knowingly makes or causes any false statement or report to be made in any application or document required under law is subject to a fine of $1000.00)

_____
FIRE POLICE OFFICER'S SIGNATURE

www.wcvfr.org/fpfrm.pdf

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