

**Washington County Volunteer Fire & Rescue Association**  
**WASHINGTON COUNTY PHOTO TEAM RESPONSE FORM**  
**POINT SYSTEM**



**Social Security Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Company No.:** \_\_\_\_\_ **Month:** \_\_\_\_\_

Form to be used only by Photo Team Members that are qualified responder

Date	Time	Incident Number	Location	Nature of Call

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 statements or reports to be made in any application or document required under law is subject to a fine of \$1000.00)

\_\_\_\_\_ Photo Team Member Signature