



## APPLICATION FOR LIFE SAVING AWARD FOR FIRE DEPT. MEMBER(S)

### Award Requirements

NAME \_\_\_\_\_

CITY, ZIP \_\_\_\_\_

FIRE DEPARTMENT \_\_\_\_\_

DATE OF RESCUE \_\_\_\_\_

TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

NAME OF PERSON(S) RESCUED \_\_\_\_\_

AGE(S) \_\_\_\_\_ MALE OR FEMALE \_\_\_\_\_

NUMBER OF FIRE FIGHTERS OR PERSONS ASSISTING \_\_\_\_\_

TIME FOR THIS RESCUE TO BE PERFORMED \_\_\_\_\_

*Please provide, on separate sheets, the rescue and incident of the rescue*

SUBMITTED BY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

*I hereby certify, to my knowledge, all information is correct and a Fire Department Report of the incident is attached.*

FIRE CHIEF OR OFFICER IN CHARGE \_\_\_\_\_

DATE \_\_\_\_\_

**SUBMIT THIS FORM AND SUPPORTING DOCUMENTS TO:**

[barney@barneybabin.com](mailto:barney@barneybabin.com); or BARNEY BABIN, 25871 AUDUBON AVE., DENHAM SPRINGS, LA 70726

**NEED HELP?** Call Barney Babin (Cell) 225-931-7573