



APPLICATION FOR LIFE SAVING AWARD FOR FIRE, POLICE OFFICER, OR SHERIFF DEPUTY 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 _____

PHONE NUMBER: CELL _____ OFFICE _____

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; or BARNEY BABIN, 25871 AUDUBON AVE., DENHAM
SPRINGS, LA 70726

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