

button or download and

email this PDF form to:

2604@tfs.tamu.edu

For Internal Use Only:

Texas A&M Forest Service

Capacity Building Department

College Station, Texas 77845

Fax: (979) 845-6160

200 Technology Way, Suite 1162

Record ID #

REVISION REQUEST

RURAL VOLUNTEER FIRE DEPARTMENT ASSISTANCE PROGRAM

If revising an application, provide a copy of the original application or approval letter associated with this request.

Name of Fire De	partment:	
County:	Department Phone Number:	
•	ng an update to the original dollar amount requested? You the the original requested amount and the new requested amount.	es No
Original Amour	t: Requested Amount:	
	pertanent information changed? he appropriate field below.	
Year Deparment	was Created: Population of Protection	n Area:
Name of Mutual	Aid Department:	
Distance, in mile	es, to nearest mutual aid (station to station):	
,	ection Areas are acquired from governmental entities responsible for maintaining local map data. e size of your protection area, or how to update this information, please visit TexasFD.com/Protec	
Name of School		
Date(s) of Training	Course Name(s)	Number of Tuition Cost per Trainee
(Required) and a on be stater	This section must be certified by authorized Fire Chief, Assistant FICANT CERTIFICATION: I certify that the information contained courate to the best of my knowledge and that I am duly authorized that of the fire department. I understand that knowingly ments or representations may result in program sanctions and/or ments or representations.	ed in this application is true ed to certify this application naking false or fraudulent
Name: (print)	Title:	ef, Assistant Chief, or President
	Date:	
To submit electroni Press the Submit Fo	·	Mail or Fax to: Rural VFD Assistance Program

TFS-FO-410 Revision 09/01/20

supporting documents before sending.

For questions, please contact us at:

2604@tfs.tamu.edu or by phone:

(979) 458-6505