

Nassau County Fire Commission Award Application

Submitter Information

Submitted By:

Rank:

Email:

Cell Phone:

Office Phone:

FAX:

Fire Department

Incident Information

Address of Incident:

Address 2:

City:

State:

Zip:

Occupancy

(Description of Structure)

Floor:

Room:

Proposed Recipient

Award Type: (Circle one)

Fire Meritorious Award Unit Citation(Fire or Rescue) EMS Citation EMS Unit Citation Civilian

Recipient Name:

Recipient Rank:

Fire Department:

Date of Alarm:

Time of Alarm:

Tools Used in Rescue:

Injured:

YES NO

Wearing Protective Gear:

YES NO

Wearing Air Pack:

YES NO

Hospital Name:

Diagnosis:

If Hospitalized, please answer the above questions.

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Victim Information

Name:

Age:

Sex:

M / F

Phone Number:

Email Address:

(If hospitalized please answer the following)

Hospital Name:

Injuries Sustained:

Diagnosis:

Witness Information

Name:

Address:

Name:

Address:

Description of Act

Specific Actions Making Act Meritorious

(Continue on additional pages if needed)