

TOWNSHIP FIRE DEPARTMENT, INC.

REQUEST FOR AUTHORIZATION FOR USE OF RED LIGHT & SIREN

NAME: _____

ADDRESS: _____

STATION NUMBER: _____

does hereby request authorization from the Board of Directors of Township Fire Department, Inc. for the use of a red light & siren on his/her personal vehicle.

Vehicle Make: _____ License Number: _____

Name of Insurance Company insuring this vehicle: _____

Name of Insurance Agent for the above Company: _____

Have you notified the Insurance Agent that this vehicle may be authorized to use red lights & siren? Yes _____ No _____.

Do you clearly understand the Department's policies for firefighters usage of red lights & sirens? Yes _____ No _____.

Do you clearly understand State Statutes governing the use of red lights & sirens on public highways? Yes _____ No _____.

Signature _____ Date _____