



FOR INTERNAL USE ONLY	
Rating:	_____
Case No.:	_____
Revised Application:	Yes      No

## REVISION REQUEST-RURAL VFD ASSISTANCE PROGRAM

Name of Fire Department: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Mailing Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

County: \_\_\_\_\_ Email Address: \_\_\_\_\_

Department Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Revision Description:** (e.g. To Revise Application, Update Departmental Information, Change Tax ID, Report DUNS Number, Update Population Size, Update 911 Protection Area, Change Mutual Aid Department, etc. )

**Authorization:** This document requires authentication by the organizations highest ranking official.

I certify that the information entered on this application is true and accurate and that I, the undersigned am authorized by the \_\_\_\_\_ Fire Department to represent their interests in acquiring funds and equipment for the Department.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

### Submit via Mail or Fax

Texas A&M Forest Service

Capacity Building Department

200 Technology Way, Suite 1162

College Station, Texas 77845-3424

**Fax: (979) 845-6160      Email: 2604@tfs.tamu.edu**

**If faxed, please call (979) 458-6505 to confirm that this document was received.**