

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

REVISION REQUEST-RURAL VFD ASSISTANCE PROGRAM

Physical Address: (Street) (City) (Zip Code) Mailing Address: (Street) (Enail Address: Department Telephone 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: Address: Email:	Name of Fire Departm	nent:				
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Signature: Telephone: Cell Phone: Cell Phone:	Name:		Date:			
Title: Cell Phone:						

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.

1/6/17 TFS-FO-410