TEXAS A&M FOREST SERVICE

FOR INTERNAL USE ONLY

Rating:_____
Case No.:_____
Routing: TIFMAS
Revised Application: Yes No

REVISION REQUEST -- TIFMAS 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, Update NIMS, 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
2127 S. First St.
Lufkin, Texas 75901
Fax: (936) 639-8138
If faxed, please call (936) 639-8100 to confirm that it was received.

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