

**Application for
Arkansas Volunteer Fire Department of the Year**



Mail completed applications to:
Arkansas Adjusters Association
P O Box 55402
Little Rock, AR 72215

v4/2015

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|---|--------------------------|------|
| Department Name: | | |
| Address: | City: | Zip: |
| Phone: | | |
| Number of Firemen: | Members in service area: | |
| Area Serviced: | Current ISO Rating: | |
| Training offered / provided: | | |
| Fund Raisers: | | |
| Annual Budget: | | |
| Method of Emergency notification: | | |
| Please tell us why you are the Arkansas VFD of the year: | | |
| Describe how your department will benefit from this award: | | |
| Please attach additional details if needed | | |
| The winner must be present at an Arkansas Adjusters Association meeting to receive the award. | | |