



50 Year Certificate Request Form

**** All requests must be received no later than 30 days prior to the presentation****

Today's Date: _____

Requester's Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

Fire Department: _____

Recipients Information:

Name: _____

Fire Department: _____

Years of Service: _____

Presentation Date: _____

Location: _____

Do you require a MCVFA Representative: _____ Yes _____ No

Please mail this form to:

**Monroe County Volunteer Firemen's Association
Att: Secretary
P.O. Box 22786
Rochester, New York 14692**