

Cost: \$50.00

ANDERSON FIRE DEPARTMENT
RURAL FIRE ASSOCIATION APPLICATION

LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS (911 ADDRESS): _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

NUMBER OF PEOPLE IN RESIDENCE: _____ AGE: _____

SPECIAL NEEDS (HANDICAP, ELDERLY, INFANT, CHILDREN, ETC.):

TYPE OF HOUSE (WOOD, BRICK, UNDERGROUND, ETC.): _____

INSURANCE COMPANY INFORMATION

COMPANY: _____ PHONE: _____

AGENT: _____ POLICY NUMBER: _____

OFFICE USE ONLY (DO NOT WRITE IN THIS SPACE)

DATE PD: _____ CK#: _____ CASH: _____ CARD: _____

ACCEPTED BY: _____ DATE: _____

COVERAGE YEAR: _____