

# Erie County Fire Advisory Board



## Wall of Honor Nomination Packet

# Nominating Agency Letterhead

1 Fire Department Lane  
Erie County, New York

Erie County Fire Advisory Board  
3359 Broadway  
Cheektowaga, New York 14227

**(Written in the third person format on  
8.5 x 11" portrait format)**

Date *(Complete nomination must be submitted on or before July 31<sup>st</sup>)*

Dear Fire Advisory Board,

Please consider *(Name of Nominee- full legal name and any appropriate nicknames)* to be placed on the Erie County Wall of Honor.

*(The Nominee)* started their career in emergency services *(start date)* and *(either)* continues or concluded *(end date)*. *(The Nominee)* has also served *(add any additional fire service agencies that may be relevant)*.

Nominees Service Record *(related to the nomination)*:

- *(rank, title, positions, offices held and dates of service)*
- *(rank, title, positions, offices held and dates of service)*

Memberships and Fire Service-related Organizations *(related to the nomination)*:

- Organization *(offices held and dates of service)*
- Organization *(offices held and dates of service)*

*(The Nominee)* has *(describe the Nominees contributions, impact and/or influence on emergency services/public safety in a short paragraph)*

*(The Nominee) has (describe the Nominees contributions to fire safety prevention/awareness directed to the public within Erie County and beyond in a short paragraph)*

*(The Nominee) has (describe the any other contributions relevant to the nomination in a short paragraph)*

Thank you for your consideration of this request.

Firematically yours,

Department Chief

*(Signature)*

Department President

*(Signature)*

Additional Board Officers (as needed)

*(Signature)*

# *Nominating Agency Letterhead*

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Erie County, New York*

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3359 Broadway  
Cheektowaga, New York 14227

## **Contact Information**

Nominee (*name and address*)

Nominee's family contact (*wife, son, daughter*)

(*Phone Number*)

Nominating Agency contact

Chief

(*Phone Number*)

President

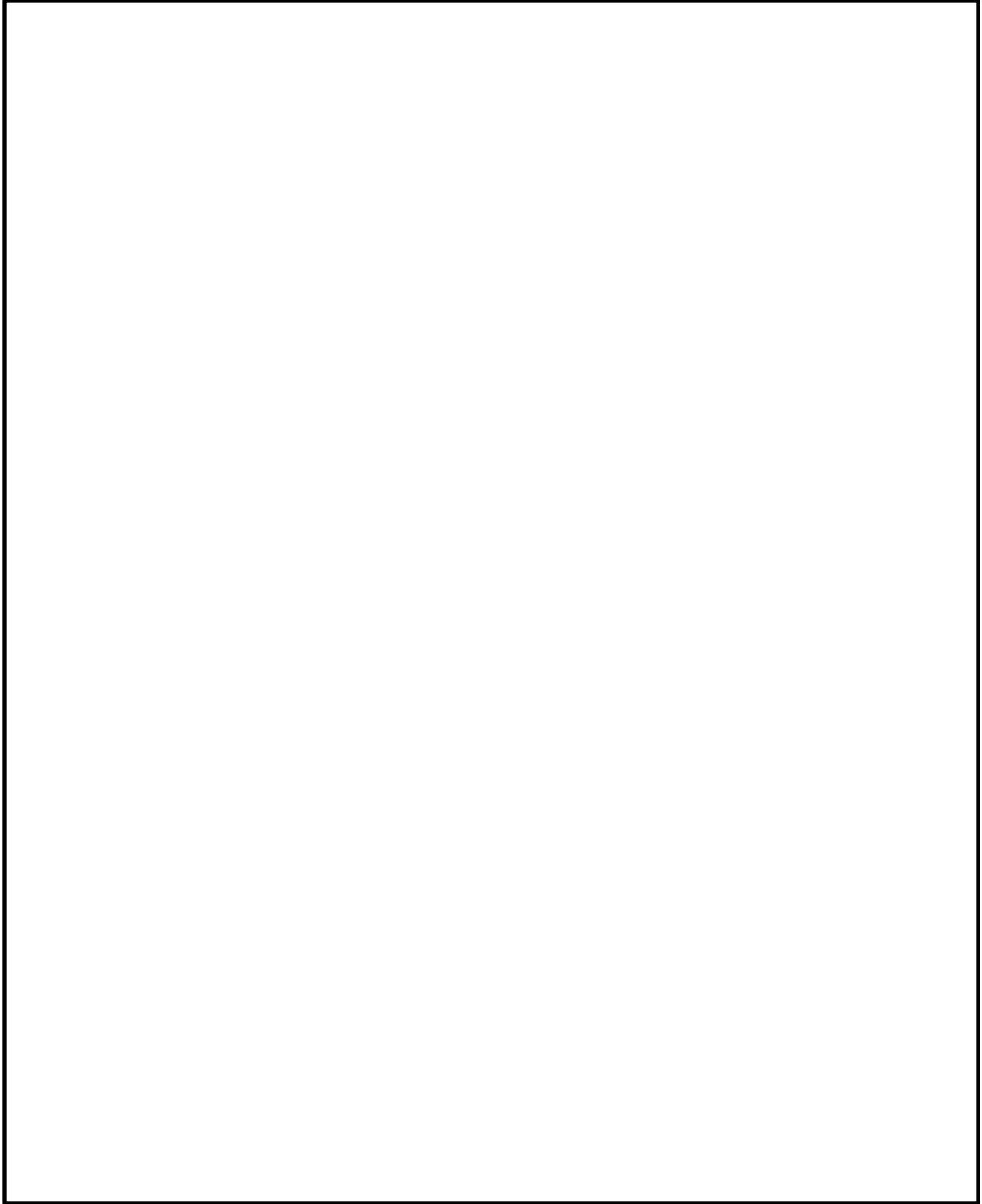
(*Phone Number*)

Additional Board Officers (as needed)

(*Phone Number*)

**High Resolution Photograph of Nominee**

8" x 10"



**High Resolution Photograph of Nominees Primary Fire Agency Uniform Patch/Insignia**

8" x 10"

