

APPLICATION FOR THOMPSONVILLE FIRE DISTRICT COMMISSIONER

THOMPSONVILLE FIRE DEPARTMENT

35 N. MAIN STREET, ENFIELD, CT 06082

PLEASE PRINT OR TYPE

Name: _____

Street Address: _____

Political Party Affiliation: _____

Please list any additional information:

Signature: _____

Date: _____

*** Please drop off or mail your application to the Thompsonville Fire Department, 35 N. Main Street no later than **5:00 pm on April 3, 2017** ***