

Ohio State Fire Marshal's SMOKE DOG AWARD NOMINATION

Nominator/Contact Person:

Phone:

E-mail:

Fire Department Nominating:

FDID#:

Print Name of Chief:

County:

Signature of Chief:

Please provide a one or two paragraph synopsis of the fire incident. Include the incident date, location, names and ages of victims, whether anyone was injured and so forth. Also, please attach a copy of the fire incident report and any news articles regarding the fire.

Recipient(s) Name, Address, Age:

Only one shirt *or* dog per recipient(s):

_____ Adult SM
 _____ Adult LG _____ Sparky Dog
 _____ Adult XL
 _____ Youth LG

Date and **Time** desired for award to be presented. Must be coordinated with SFM Educator. Please allow a minimum of three weeks.

Presentation Location: *(include facility name, street address and city)*

Name and title of presenter(s) on behalf of the city and/or the fire department:

Please list all other dignitaries expected to attend (including name and title), any additional presentations being made to the citizen/citizens, or other significant information.

Name & address of local newspaper(s) for press release:

OFFICE USE ONLY:

Date received

Tracking #

Authorization signature & date

Educator assigned

Date copy of nomination sent to Educator, SFM PIO & Commerce Communication

Date certificates received from Commerce

Date t-shirt(s) & dog(s) mailed