



STATE FIRE MARSHAL'S AWARD FOR HEROISM

State Fire Marshal's Award for Heroism
Division of State Fire Marshal's Office
Attn: Tonia Smith
8895 East Main St.
Reynoldsburg, OH 43068

Date: _____

I wish to nominate _____ for the State Fire Marshal's Award for Heroism.

Describe the heroic act. (Please read the information on the criteria form first before completing this nomination). Be sure to include the **full names** of the individuals being nominated, the names and approximate ages of the victims, the **location** where the event took place and a **complete description** of what happened. It is strongly recommended that copies of newspaper clippings, fire incident reports or other documentation are included with this form so that full and proper consideration of the nomination can be made.

(Use additional sheets if necessary)

If selected, name as it would appear on award _____

The nominee is living _____ deceased _____

Address (if living) _____
Street City State Zip Code

Nominee's daytime telephone number: _____

Award should be mailed to nominee _____ nominator _____

Awards presentation is to be held _____ yes _____ no

If yes, presentation will be held _____
Date Time (please indicate a.m. or p.m.) Location (Include address)

Do you request representation from the State Fire Marshal's office _____ yes _____ no
(Subject to the availability of SFM staff)

Point of contact for presentation: _____ Daytime telephone number: _____

Person or organization making nomination: _____

Signed _____ Address _____ City _____ State _____ Zip Code _____

Nominator's daytime telephone number: _____