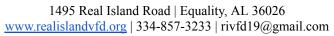


## REAL ISLAND VOLUNTEER FIRE DEPARTMENT

Station19





## **Resident Information Request**

You can also complete the form and donation <u>online</u> or scan the QR code (below) from your mobile phone.

*Your o	data will remain confiden	tial and won't be o	disclosed to others.		
Owne	er's Name(s):				
Lake A	Address:				
City/S	state/Zip:				
Mailir	ng Address:				
City/S	State/Zip:				
Phone Number:		()_		Email:	
Phone Number:		()_		Email:	
Owne	er's Occupation(s):				
Emer	gency Contact Name	·			
Emer	gency Contact Numb	er:			
			oroximate location		
wou	Id like to donate to:	Donation	¢		
	General	Donation	\$		
	Crime Watch	Donation	\$		
	Station #2	Donation	\$		
		Donation	\$		SCAN ME
		• •	eal Island VFD and I Island Rd, Equal		form to:
l wou	ld like to volunteer f	or:			
	Firefighter	F	undraising		Crime Watch Program
	Medical		oard of Directors		Other
	Social Events		Buildings & Groun	ds	