

Appeal for Reconsideration

I, _____, a firefighter on the _____ Fire Department hereby appeal the decision of _____, head of the department, in failing to submit my name as nominee for the Massachusetts Firefighter Service Award based upon ____ years of service as a Call, Career, Volunteer, Massachusetts firefighter (attach statement as necessary).

Date

Firefighter

I, _____, head of the _____ Fire Department certify that I have reviewed the criteria for the Massachusetts Firefighter Service Award and in my opinion the above named firefighter is not qualified based upon years of service for the following reason(s):

Date

Head of Fire Department

Please submit this form along with any attachments to Justine Potter, Department of Fire Services, PO Box 1025, State Road, Stow, MA 01775 by email at Justine.Potter@mass.gov or Fax to 978-567-3121

Note: Reconsideration for denial of the Massachusetts Firefighter Service Award is limited solely to issues of length or service as provided in the criteria for respective award, i.e., call, career or volunteer.