REVISION REQUEST -- TIFMAS PROGRAM

Name of Fire Department:_____________________________________________________

Physical Address:___________________________________________________________
(Street) (City) (Zip Code)

Mailing Address:___________________________________________________________
(Street) (City) (Zip Code)

County:________________________ Email Address:_____________________________

Department Telephone Number:________________________ Fax Number:________________

Revision Description: (e.g. To Revise Application, Update Departmental Information, Change Tax ID, Update NIMS, etc.)

Authorization: This document requires authentication by the organizations highest ranking official.
I certify that the information entered on this application is true and accurate and that I, the undersigned am authorized by the ___________________ Fire Department to represent their interests in acquiring funds and equipment for the Department.

Name:________________________________________________________ Date:________________________
Signature:________________________________ Telephone:________________________
Title:_________________________________________ Cell Phone:________________________
Address:______________________________________________________________ Email:________________________

Submit via Mail or Fax
Texas A&M Forest Service
2127 S. First St.
Lufkin, Texas 75901
Fax: (936) 639-8138
If faxed, please call (936) 639-8100 to confirm that it was received.

If revising an application, provide a copy of the original application or approval letter associated with this request.