

Northshore Fire Department
Fire Commissioner Request for Compensation

Month:	Year:	Name:
Date	Description of Activity	
<i>I certify by signing this request for compensation that I have acted on behalf of the Northshore Fire Department in the fulfillment of my duties as an elected Fire Commissioner and that this request for compensation is in compliance with the Northshore Fire Department policy and State Law.</i>		
_____		_____
<i>Signature</i>		<i>Date</i>