

# TERRYVILLE FIRE DEPARTMENT, INC.

19 JAYNE BLVD. • PORT JEFFERSON STATION, NY 11776

TO: Chiefs Office

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

RE: Attendance Credit

After closely reviewing my attendance history, I have found that I was not credited for attending the following incident(s) / non-incidents(s).

| DATE | TIME | INCIDENT/NON-INCIDENT |
|------|------|-----------------------|
|      |      |                       |
|      |      |                       |
|      |      |                       |
|      |      |                       |

Respectfully,

\_\_\_\_\_  
(Sign)

\_\_\_\_\_  
(Members Name)

I have carefully reviewed the above information and find it to be true and accurate. I confirm that the member was, in fact, present for the above listed events.

Respectfully,

\_\_\_\_\_  
(Sign)

\_\_\_\_\_  
(Company Officer)

(631) 473-1224 • FAX (631) 473-4674