



Professional Firefighters of Vermont Member and Family Fund

Request to be made by Local Union President or his designee

Local Name & Number: _____

Member Requesting Assistance: _____

Description of Reason For Request:

Date of Request: _____

Local President or Designee's Signature: _____

This section for PFFV Member and Family Fund Board of Directors use only

Date Request Received by PFFV MFF Board: _____

Date of board meeting to take action: _____

Action taken: Request Granted / Request Denied

If request is denied provide reason:

Date request is paid: _____