VOLUNTEER FIRE COMPANY NAME:                                                                 FEMA DISASTER No.: 
SERVICE LOCATION (COMMUNITY) :                                                                DATE (S) OF SERVICE: 

<table>
<thead>
<tr>
<th>SERVICE PERFORMED</th>
<th>SPECIFIC LOCATION</th>
<th>EQUIPMENT DESCRIPTION*</th>
<th>FEMA RATE*</th>
<th>SERVICE TIME*</th>
<th>SERVICE TIME*</th>
<th>COST</th>
</tr>
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<tbody>
<tr>
<td>PUMPING</td>
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<td>EVACUATION</td>
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<td>STREET CLEANING</td>
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<tr>
<td>OTHER (SPECIFY)</td>
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*REFER TO THE CURRENT FEMA “SCHEDULE OF EQUIPMENT RATES” FOR DESCRIPTION, RATE, AND UNIT OF REIMBURSEMENT (HOURS vs. MILES).  

CERTIFICATIONS:  
I certify this is a true and correct description of the services requested by the elected officials. 
I certify this is a true and correct description of the actual services provided. 

Signature of Provider ___________________________ Date_________ Signature of Recipient ___________________________ Date_________. 

Telephone Number:
WORKSHEET

Title: VOLUNTEER FIRE COMPANY DISASTER ACTIVITY

Subject: 
Author: Aldona M. Kartorie

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Change Number: 9
Last Saved On: 12/14/2004 5:04:00 PM
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