    

**Hydrant Helper Information**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location of**

**Hydrant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fire District: Lincoln Ontario Union Hill**

**Walworth West Walworth**

**(if you’re not sure we will determine)**

**I confirm that this person has done a good job being responsible for the Fire Hydrant at the location listed above and is deserving of the title “Hydrant Helper”**

**Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Info \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone/Email**

**Please return this signed form to your school’s front office or:**

**Lincoln Fire Department**

**Attn. FFBob**

**719 Plank Road**

**Ontario, New York 14519**

**(315) 524.8493**

**Or to:** [**FFBOB@rochester.rr.com**](mailto:FFBOB@rochester.rr.com)

**Pictures are always welcomed**