

**VFD – EMS Tax Credit Verification**  
**Submission Deadline to Shaler Township: \_\_\_\_\_**

VFD / EMS Name: \_\_\_\_\_ Year: \_\_\_\_\_

<b>Name</b>	<b>Address</b>	<b>S. S. #</b>	<b>Member Type</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

Chief/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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_____	_____	_____	_____

Chief/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_