

OFFICE OF THE STATE FIRE COMMISSIONER Fire and Emergency Medical Services Loan Program (FEMSLP)



Letter of Responsibility

We, the undersigned officers of the		
	(Name of Organization/Company)	
do hereby appoint and authorize the following p	person to be responsible for ensuring	
sufficient funds are available in the designated a	account for the automated monthly p	ayments:
Name of Responsible Party (Organization/ Company Member)	Title	_
Address		
Address		
Cell Number: ()		
Station Number: ()		
Alternate Contact Number: ()		
I acknowledge my duty and responsibility to available in the designated account for the auto company.		
Signature of Responsible Party (Organization/Company Member)		
App	roved By:	
Name of Organization/Company		
Organization/Company President's Signature	Date	
Organization/Company Secretary's Signature	Date	

Note: OSFC must always have on hand the most current contact information (telephone and cell number) of the organizations designated contact person responsible for the organizations loan payments.