



Fayetteville Fire Department Proxy Card Access Form

Date _____

Requested Access Area (PD, 911, etc.) _____

Requestor Name _____

Rank _____

Email _____

Proxy Card # _____

Reason for request: _____

Supervisor Signature _____

Assistant Chief Signature _____

Deputy Chief Signature _____

Fire Chief Signature _____

Approved Denied

Receiving Department Approval		
Approved	_____	Denied _____ Date _____
Department Representative (Print/Sign)	_____	

