

CHAUTAUQUA COUNTY FIRE ADVISORY BOARD



Chautauqua County Fire Service Enhancement Program Loan Application

Applicant Department: _____

(Please print or type)

Name:			
Address:			
EIN:			
Contact Person:			
Phone:	AM		PM
Loan Amount	\$	Term:	Interest Rate:
Total Project Cost:	\$		
Date funds will be needed:			
Purpose of loan:	(give a detailed explanation):		
Fire Chief Signature:		Officer Signature:	
Fire Chief :		Officer:	
Date		Date	

FIRE ADVISORY BOARD LOAN COMMITTEE	
DATE _____	SIGNATURE _____
APPROVAL _____	DENIAL _____