

## Appeal for Reconsideration

I, \_\_\_\_\_, a firefighter on the \_\_\_\_\_ Fire Department hereby appeal the decision of \_\_\_\_\_, head of the department, in failing to submit my name as nominee for the Massachusetts Firefighter Service Award based upon \_\_\_\_ years of service as a  Call,  Career,  Volunteer, Massachusetts firefighter (attach statement as necessary).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Firefighter

I, \_\_\_\_\_, head of the \_\_\_\_\_ Fire Department certify that I have reviewed the criteria for the Massachusetts Firefighter Service Award and in my opinion the above named firefighter is not qualified based upon years of service for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Head of Fire Department

Please submit this form along with any attachments to Shannon Clegg, Department of Fire Services, Western Mass. Office, One Prince Street, Northampton, Massachusetts, 01060-0389

**Note: Reconsideration for denial of the Massachusetts Firefighter Service Award is limited solely to issues of length or service as provided in the criteria for respective award, i.e., call, career or volunteer.**