



Loveland Fire Rescue Authority
410 E. 5th St
Loveland, Co 80537
Contact Email: Kristi.Coleman@LFRA.org

Fire Rescue Advisory Commission Application

Name: _____

Address: _____

Phone: _____ Email: _____

Please indicate if the following is true:

- You are a property owner within the Loveland City limits, or Loveland Rural Fire District
- You are the owner of, or are employed by a local business within the LFRA jurisdiction
- You are serving currently on another board or commission
- You have been convicted of a felony

Appointment to a Commission will require your consistent attendance at regularly scheduled meetings. Are you available for:

Evening Meetings

Daytime Meetings

Occupational Background (Provide a brief overview of your employment history):

Educational Background

Reason for Applying:

Relevant Experience:

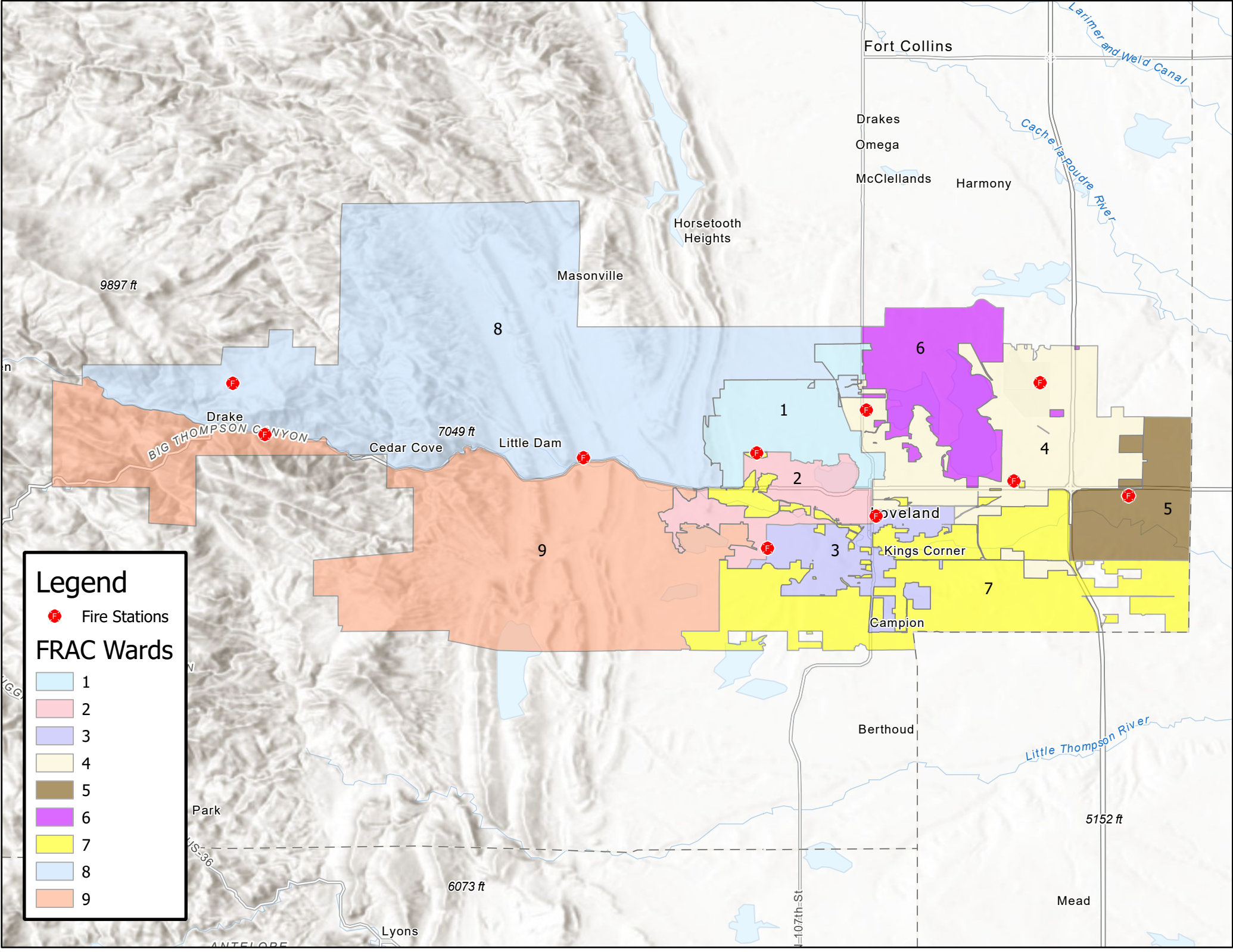
Community Involvement:

References:


What FRAC Ward do you currently live in (see attached Ward Map)?

For Office Use Only

Date Received: _____ **By:** _____



Legend

 Fire Stations

FRAC Wards

-  1
-  2
-  3
-  4
-  5
-  6
-  7
-  8
-  9