



Loveland Fire Rescue Authority  
410 E. 5<sup>th</sup> St  
Loveland, Co 80537  
Contact Email: [Ned.Sparks@LFRA.org](mailto:Ned.Sparks@LFRA.org)

## **Fire Rescue Advisory Commission Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Length of Residency: \_\_\_\_\_

Employment Status: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Evening Meetings

Daytime Meetings

**Occupational Background:**

**Educational Background**

**Reason for Applying:**

**Relevant Experience:**

**Community Involvement:**

**References:**

**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

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**For Office Use Only**

**Date Received:** \_\_\_\_\_ **By:** \_\_\_\_\_