



# City of Pooler Fire-Rescue Services

*A Department of the City of Pooler Municipal Government*  
1093 S. Rogers Street, Pooler, Georgia 31322  
Office: (912) 748-7012

## APPLICATION FOR FIRE PROTECTION

The undersigned hereby applies for fire protection with the City of Pooler with the understanding that upon the acceptance of this application, which is NON-transferrable, and NON-refundable, the property listed below will be entitled to the services provided by the City of Pooler Fire Department to begin on the date of acceptance of this application. I understand that a letter and/or certificate for lower insurance rates cannot be issued until the annual fee is paid. **Fire Protection period is January 01, 2018 - December 31, 2018. ALL PAYMENTS ARE DUE NO LATER THAN February 28, 2018.**

<b>NAME:</b>		<b>DATE:</b>
<b>SERVICE ADDRESS:</b>		
<b>CHATHAM COUNTY PROPERTY IDENTIFICATION NUMBER:</b>		
<b>INSURANCE COMPANY NAME &amp; ADDRESS:</b>		
<b>INSURANCE AGENT'S NAME &amp; ADDRESS:</b>		
<b>INSURANCE POLICY DATE:</b>	<b>INSURANCE POLICY#:</b>	
<b>SUBSCRIBER MAILING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS):</b>		
<b>SUBSCRIPTION FEE TO BE ENCLOSED: \$150.00</b>	<b>CHECK#</b>	
<b>SIGNATURE OF APPLICANT:</b>		
<b>EMAIL ADDRESS :</b>		

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<b>CREDIT CARD AUTHORIZATION</b> Mark appropriate box	<b>MASTER CARD</b>	<b>VISA</b>	<b>CARD#</b>	<b>EXPIRATION DATE</b>
<b>BILLING ADDRESS FOR CARD</b>	<b>CITY</b>		<b>STATE</b>	<b>ZIP</b>
<b>NAME ON CARD</b>	<b>AMOUNT:</b> <b>\$150.00</b>			
<b>SIGNATURE:</b>				