AKRON FIRE DEPARTMENT
FIRE/MEDIC/SUPERVISOR
COMMENDATION FORM

This Commendation Form provides individuals with the opportunity to share the exceptional service provided to them by Akron Fire/Medics and Supervisors. Please mail, fax, or email the form to the address listed at the bottom of the form.

Name of Fire/Medic(s): _____

Unit or ID # (if known): _____

Rank: _____

Date of Incident: _____

Location of Incident: _____

Please describe how the Fire/Medic(s) assisted you: _____

_____

_____

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_____

Your Name: _____

Your Phone Number: _____

Your Email Address: _____

Thank you!

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Akron, Ohio 44311

Telephone Number: 330-375-2411
Fax Number: 330-375-2146
Email Address: akronfirefeedback@akronohio.gov