

**Solano County Firemen's Association
Delegate Form**

Chapter: _____

Delegate's Name: _____

Alternate's Name: _____

Officer's signature _____

Form to be submitted by January 9, 2008

Brought to meeting

or

Faxed . 707.447.2769

or

Mailed . 420 Vine Street, Vacaville, CA 95688