

# DESIGNATION OF ALTERNATE OFFICERS

\_\_\_\_\_ Fire Company  
(Write your Company Name)

I, \_\_\_\_\_, as Fire Chief of the above-named Fire Company hereby designate the following to sign documents needed by the Niagara County Fire Coordinator and Emergency Management Office in the event that I am not available to do so:

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dated



Please return to Lara MacFarlane at [Lara.MacFarlane@niagaracounty.com](mailto:Lara.MacFarlane@niagaracounty.com)