

**CERTIFICATION OF NAME AND ADDRESS  
FOR TREASURER OF FIRE RELIEF ASSOCIATION**

COMPLETE AND EMAIL TO: [kristie.strum@state.mn.us](mailto:kristie.strum@state.mn.us)

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(Name of Relief Association)

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(County)

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(Street address, route number, box number, etc.)

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(City, State, Zip Code)

The address is (check one):

- Permanent address of the relief association
- Home address of the current treasurer
- Other

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(Treasurer's Name)

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(Email address where treasurer can be reached)

***I hereby certify that the information presented above is correct and complete as of the date below.***

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**Name**

**Title**

**Date**