

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

COMPLETE AND EMAIL TO: kristie.strum@state.mn.us

(Name of Relief Association)

(County)

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

(City, State, Zip Code)

The address is (check one):

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

(Treasurer's Name)

(Email address where treasurer can be reached)

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

Name

Title

Date