

# Grant County Fire District #3

## Driver's Fueling Procedure Agreement Form

Driver's Name: \_\_\_\_\_

Vendor: \_\_\_\_\_

Driver's Card Number: \_\_\_\_\_

Driver's Security Number: \_\_\_\_\_

1. I reviewed and understand Grant County Fire District #3 Policy & Procedure Number 7.2.4. Fueling Procedure.
2. Upon departure from Grant County Fire District #3 I will return this driver's card to the District Fire Chief or designee.
3. This form will be put in my personnel file at the main office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
GCFD #3 Member