

**WEST VIRGINIA INCIDENT REPORTING SYSTEM  
MONTHLY ACTIVITY REPORT FOR INCIDENTS WHERE NO FIRE IS INVOLVED**

FDID: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_ COUNTY: \_\_\_\_\_

Fire Department: \_\_\_\_\_

*Chapter 8, Article 15, § 15-2-3-a: Eligibility for allocation of the mutual aid fund and protection fund.  
This form will be used for determining eligibility and is required by state law.*

Volunteer and Part-Paid Fire Department

If no fire calls were reported this month, please complete this section:

I, \_\_\_\_\_, being duly elected as chief of my department  
(printed name)

certify that our department had no fires for the month of \_\_\_\_\_.

Chief's Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

Only the Chief of the department may sign this report, as it is a legal document.

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

The foregoing instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**AS OF  
05/20/2012  
NO LONGER  
REQUIRED!**

**PLEASE RETURN TO:**  
WV STATE FIRE MARSHAL'S OFFICE  
Fire Department Services Divison  
1207 Quarrier St., 2nd Floor  
Charleston, WV 25301

