

SOUTH JACKSONVILLE FIRE DEPARTMENT

RICH EVANS JR.
FIRE CHIEF

BRIAN GLASCOCK
1ST ASSISTANT CHIEF

DAVE BYE
2ND ASSISTANT CHIEF



301 DEWEY DRIVE
SOUTH JACKSONVILLE, IL 62650
EMERGENCY: DIAL 911
NON-EMERGENCY: 217-243-1913
FAX: 217-245-6452

March 17, 2019

SUBJECT: Rural Fire Subscriptions Renewal

Please be advised that your Rural Fire Coverage is due for renewal. Payment of the \$100 annual subscription fee is due by May 1, 2019 if you wish to continue Rural Fire Protection Service. There will be no updated tags sent out.

It is the property owner's responsibility to notify the South Jacksonville Fire Department if there have been any changes to your insurance carrier or contact information at the property being covered.

Please return this letter with your renewal payment to the Village Hall at 301 Dewey Drive.

We appreciate the confidence you have placed in the South Jacksonville Fire Department.

Thank You,

Chief Rich Evans Jr.

Name: _____

Address: _____

Phone #: _____

Rural Fire Tag #: _____



South Jacksonville Fire Department

Rich Evans Jr.
Fire Chief

Brian Glascock
1st Assistant Fire Chief

Dave Bye
2nd Assistant Fire Chief



310 Dewey Drive
South Jacksonville, IL 62650
Emergency: Dial 911
Administration: 217-245-4803
Fax: 217-245-6452

RURAL FIRE PROTECTION NEW CLIENT APPLICATION

Information you provide below will be reviewed to first determine if your property is within our coverage area. Payment of \$100 should be made with your application. If we determine that the covered property is within our coverage area, your information will then be put into our database and will appear on a printed page generated for our rural fire books. We MUST have the 911 address and telephone number at location of the covered property.

Application Date: _____

Last Name: _____

First Name(s): _____

911 Address: _____

Directions to Property: _____

Phone #1 (at location of property): _____ Phone #2 (optional): _____

Water Supply (Well, Pond, etc.): _____

Hazards on Property (lp/propane tanks, etc.): _____

Insurance Company Name: _____

Insurance Company Phone: _____ Insurance Company Fax: _____

Ins. Co. Address: _____ Agent Name: _____

Email to Send Renewal Notices (if preferred): _____

Tenant(s) Name (if resident is other than owner): _____

Previous Owner's Name or Rural Fire Permit Number (if known): _____

This section is for the mailing address of the owner/tenant who is responsible for paying the annual registration fee and insurance premiums. All notices will be mailed to this address. (Complete if different from above.)

Address: _____ City, State, Zip: _____