



# Arlington Fire District

11 Burnett Boulevard  
Poughkeepsie, NY 12603  
www.afd.org

Business: (845) 486-6300

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**For Emergencies**

***DIAL 911***

*"Safeguarding Our Community"*

## **PETITION FOR FIRE COMMISSIONER**

***LAST DAY TO FILE PETITION WITH DISTRICT SECRETARY: NOVEMBER 19, 2025***

***NOTE: It is recommended to obtain more than the minimum of twenty-five qualified, registered voters who live in the Arlington Fire District to ensure your name is placed on the ballot. The first twenty-five verified, registered voters will enable you to be placed on the ballot. Copies of this petition may be used in order to obtain more signatures.***

I, \_\_\_\_\_, residing within the Arlington Fire District at \_\_\_\_\_,  
(PRINT NAME) (RESIDENTIAL ADDRESS)

\_\_\_\_\_, do hereby submit my name to be placed on the ballot for the position of Fire Commissioner of the Arlington Fire District  
(CONTACT PHONE NUMBER)

for a five-year term, commencing on January 1, 2026 and ending on December 31, 2030. Below is a list of a minimum of twenty-five (25) qualified,  
registered voters in the Arlington Fire District.

**\*\*PLEASE MAKE ALL ENTRIES LEGIBLE FOR VERIFICATION PURPOSES\*\***

| PRINTED NAME | SIGNATURE | STREET ADDRESS | TOWN         | STATE | ZIP | WARD |
|--------------|-----------|----------------|--------------|-------|-----|------|
| 1.           |           |                | POUGHKEEPSIE | NY    |     |      |
| 2.           |           |                | POUGHKEEPSIE | NY    |     |      |
| 3.           |           |                | POUGHKEEPSIE | NY    |     |      |

| PRINTED NAME | SIGNATURE | STREET ADDRESS | TOWN         | STATE | ZIP | WARD |
|--------------|-----------|----------------|--------------|-------|-----|------|
| 4.           |           |                | POUGHKEEPSIE | NY    |     |      |
| 5.           |           |                | POUGHKEEPSIE | NY    |     |      |
| 6.           |           |                | POUGHKEEPSIE | NY    |     |      |
| 7.           |           |                | POUGHKEEPSIE | NY    |     |      |
| 8.           |           |                | POUGHKEEPSIE | NY    |     |      |
| 9.           |           |                | POUGHKEEPSIE | NY    |     |      |
| 10.          |           |                | POUGHKEEPSIE | NY    |     |      |
| 11.          |           |                | POUGHKEEPSIE | NY    |     |      |
| 12.          |           |                | POUGHKEEPSIE | NY    |     |      |
| 13.          |           |                | POUGHKEEPSIE | NY    |     |      |
| 14.          |           |                | POUGHKEEPSIE | NY    |     |      |

| PRINTED NAME | SIGNATURE | STREET ADDRESS | TOWN         | STATE | ZIP | WARD |
|--------------|-----------|----------------|--------------|-------|-----|------|
| 15.          |           |                | POUGHKEEPSIE | NY    |     |      |
| 16.          |           |                | POUGHKEEPSIE | NY    |     |      |
| 17.          |           |                | POUGHKEEPSIE | NY    |     |      |
| 18.          |           |                | POUGHKEEPSIE | NY    |     |      |
| 19.          |           |                | POUGHKEEPSIE | NY    |     |      |
| 20.          |           |                | POUGHKEEPSIE | NY    |     |      |
| 21.          |           |                | POUGHKEEPSIE | NY    |     |      |
| 22.          |           |                | POUGHKEEPSIE | NY    |     |      |
| 23.          |           |                | POUGHKEEPSIE | NY    |     |      |

| PRINTED NAME | SIGNATURE | STREET ADDRESS | TOWN         | STATE | ZIP | WARD |
|--------------|-----------|----------------|--------------|-------|-----|------|
| 24.          |           |                | POUGHKEEPSIE | NY    |     |      |
| 25.          |           |                | POUGHKEEPSIE | NY    |     |      |

DISTRICT USE ONLY

District stamp of date received

Signature of District Secretary\_\_\_\_\_

Date first twenty-five names verified: \_\_\_\_\_

Signature of District Secretary: \_\_\_\_\_