Arlington Fire District

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

Business: (845) 486-6300
Fax: (845) 486-6322

For Emergencies
DIAL 911

"Safeguarding Our Community"

PETITION FOR FIRE COMMISSIONER

LAST DAY TO FILE PETITION WITH DISTRICT SECRETARY: NOVEMBER 18, 2026

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, 2027 and ending on December 31, 2031. 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		

CANDIDATE NAME: **FOR TERM: 01/01/27 – 12/31/31**

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		

CANDIDATE NAME: **FOR TERM: 01/01/27 – 12/31/31**

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		

CANDIDATE NAME: **FOR TERM: 01/01/27 – 12/31/31**

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: _____