



Please complete and fax or mail to:

The Security Institute
Western Iowa Tech Community College
P.O. Box 5199,
Sioux City, IA 51102
Phone:712-274-6463 Fax: 712-274-6465

DATE: _____

BILL Fire Depart. Name: _____
TO Attention: _____
Address: _____
Phone: _____

We authorize Western Iowa Tech Community College to bill our department or entity listed above for the Northwest Iowa Regional Fire School for the following listed students. (Attach additional sheet if needed.)

Table with 4 columns: NAME, S.S. NUMBER, ADDRESS, PHONE. Multiple empty rows for student information.

Fire School Billing and Refund Policy: Billing for all registered participants will be done regardless of attendance. Registrations cancelled in writing before 5:00P.M. on March 1st, 2013 will receive a full refund. After that date, a \$20 cancellation fee will be assessed.

Authorized Signature: (Required)

Printed Authorized Name/Title: (Required)

Make all checks payable to Western Iowa Tech Community College

Thank you for your business!