



# Public Safety Department Fire Rescue Division

## Public Relations Activity & Education Request Form

Date: \_\_\_\_\_

Requesting Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Group/Organization Name: \_\_\_\_\_

Contact Person (if different from above): \_\_\_\_\_ Phone Number: \_\_\_\_\_

FAX: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Event Address (if different from mailing): \_\_\_\_\_

Event Name/Description: \_\_\_\_\_

Purpose: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Length (Hours): \_\_\_\_\_ Anticipated Number of Attendees? \_\_\_\_\_

Age Group: \_\_\_\_\_ Any Special Needs Attendees? ☐ Y ☐ N

If YES, Can You Provide Some Details? \_\_\_\_\_

REQUESTING: ☐ Fire Apparatus Demo ☐ Bunker Gear Demo

☐ Public Speaker Topic? \_\_\_\_\_

Other Request: ☐ \_\_\_\_\_