REQUEST FOR FIRE PREVENTION SERVICES

CHECK CHOICE?

___ TOUR     ___ PROGRAM     ___ OTHER

WHAT INFORMATION DO YOU WANT REVIEWED WITH YOUR GROUP?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

DATES REQUESTED: ________________________________
TIME (am or pm): ________________________________

ADDRESS OF EVENT:
________________________________________________________________________

TYPE OF SITE (classroom, gym, office, daycare, mall, etc.):
________________________________________________________________________

TYPE OF ORGANIZATION MAKING REQUEST:
________________________________________________________________________

TOTAL # OF PARTICIPANTS:___________ AGES:____________

EQUIPMENT SUPPLIED
(TV, VCR, TABLES, CHAIRS, ELECTRICAL OUTLETS)?
________________________________________________________________________

CONTACT PERSON:
NAME: ____________________________________
ADDRESS: __________________________________
PHONE # __________________________________
FAX # ____________________________________