

Public Relations Activity Request form

Organization Name: _____

Contact Name: _____

Telephone: _____

Email: _____

Request Date: _____

Time: _____ Location: _____

Estimate of attendance: # children _____ # adults _____

Age group: _____

Type of Event

Fire Department Tour:

Static Display:

Public Talk: Topic: _____

City Function:

Private Function:

Request comments: _____

Special needs and or equipment required if any: _____

Fire Prevention Officer Signature: _____

Date: _____

Shift assigned: Yes No A B C OT: Yes No