



Public Fire Education/Community Outreach Event Request Form

Requests will be fulfilled based on available resources with a minimum of a two week notice required. If you do not receive a confirmation email, please contact us at 203-294-2766 or firemarshal@wallingfordfd.com.

REQUEST INFORMATION

Name of Organization: _____

Contact Person(s): _____

Phone number: _____ Email: _____

PROGRAM INFORMATION

Location of Program: _____

Date Requested: _____ Time Requested: _____

Alternative date/rain date time requested: _____

Type of Program: () Touch-A-Truck () Firehouse Tour () Fire/Smoke Demonstration () Training Class () Lecture

() Other: _____

Age Group(s): _____ # of Anticipated Attendees: _____

Length of Program Requested: _____

*If this request is for a program that is to be presented to different groups, please provide the length of the program per each group.

Additional comments or questions _____

OFFICE OF THE FIRE MARSHAL USE ONLY

Date Received: _____ Received by: _____

Date Confirmed: _____ Confirmed by: _____

Fire Apparatus Assigned: _____ # of Personnel Assigned: _____

Public Education Materials/Handouts: () Fire Helmets _____ () Handout Bags _____ () Kitchen Simulator

() Fire Extinguisher Simulator () Smoke House () Laptop Computer () LCD Projector () Other: _____