



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: _____