



CONCORD FIRE DEPARTMENT FIRE PREVENTION PROGRAM REQUEST

REQUESTOR INFORMATION

Organization: _____ Date: _____

Address: _____

Requestor Name: _____

Telephone: (____) ____-____ Email Address: _____

EVENT INFORMATION

Day of the Week Preferred: _____ Date of Event: _____

Physical Address of Event: _____

Contact Person: _____

Mobile Telephone: (____) ____-____ Email Address: _____

Event Start Time: _____ AM PM Event End Time: _____ AM PM

Age Group and Number of Attendees (**Schools only need to send in one form**):

Number of Attendees: _____

Anticipated Special Needs: _____

Please Select Type of Event Requested (Please Choose Only 1 Per Event Request):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Fire Station Tour
@ Station _____ | <input type="checkbox"/> Fire/Life Safety
Education Classes | <input type="checkbox"/> Fire Truck
/Equipment Display
(2 hr. max) | <input type="checkbox"/> Spanish Fire/Life
Safety Education
Classes |
| <input type="checkbox"/> Inflatable Fire
Safety House | <input type="checkbox"/> Fire Safety House
Class (2 hrs max.
unless for
Schools) | <input type="checkbox"/> Water Play – Spray
Targets | <input type="checkbox"/> Fire Extinguisher
Training Class |
| <input type="checkbox"/> Other
Request: _____ | | | |

Description of program type requested and/or any special considerations for the group (i.e., special needs)?:

This form shall be submitted a minimum of 30-DAYS prior to the date of the scheduled event.

Requestor Signature: _____ Date: _____

Please Send Completed Request to Email Address: fmo@concordnc.gov or Fax to 704-920-6936;