

EVENT REQUEST FORM

DATE OF REQUEST: _____

REQUESTED BY: _____

REFERRED BY: _____

.....
EVENT INFORMATION

DATE: _____

NAME OF EVENT: _____

TYPE OF EVENT: _____

HOURS: _____

LOCATION: _____

.....
REQUIRED PERSONNEL

_____ Investigator and Vehicle

_____ Brian & Ginnie

_____ Shawn & Dinty

.....
Signature of Assistant Fire Marshal REQUIRED for this section

DATE APPROVED: _____

APPROVED BY: _____

.....
EMPLOYEE NOTIFICATION

Employee Declined

Employee Accepted

.....
SPECIAL INSTRUCTIONS FOR EVENT

Additional Information (i.e. Canine Detection Demo, JFS Info, etc...)
