
Town of Spencer Fire Department
Fire Prevention Request Form

REQUESTER INFORMATION

Organization: _____ Date: _____

Address: _____

Requester 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):

| | | |
|-----------------------|----------------------|-----------------------|
| Fire Station Tour | Fire/Life Safety | Fire Truck /Equipment |
| @ Station _____ | Education Classes | Display |
| Fire Evacuation Drill | Home Safety | Fire Extinguisher |
| Evaluation | Check/Inspection | Training Class |
| Special Event Standby | Other request: _____ | |

What is the description of the program type requested and any special considerations for the group (i.e., special needs)? _____

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

Requester Signature: _____ Date: _____
