

**Town of Avon
Office of the Fire Marshal**

PUBLIC EDUCATION PRESENTATION REQUEST FORM

Completed form must be sent to Fire Marshal's Office 60 West Main St. Avon, CT. 06001

REQUEST INFORMATION

Name of Organization: _____
Location of Program: _____
Name of Event Contact Person: _____ Phone number: _____
Number of Anticipated Attendees per Presentation: _____ Age Group(s): _____
Date Requested: _____ Time: _____

All requests must be confirmed with the Fire Marshal's Office prior to being scheduled!

OFFICIAL USE ONLY

This section is to be completed by Fire Marshal's Office staff

Date Received: _____ Received by: _____
Date Confirmed: _____ Confirmed by: _____
Personnel Assigned: _____

Equipment Needed for Presentation

Fire Apparatus ID Number: _____ Apparatus Operator(s): _____
Public Education Materials/Handouts: _____
† Hazard House † Laptop Computer † LCD Projector † Other: _____

PROGRAM INFORMATION

Type of Program Requested: † Firehouse Tour † Fire Demonstration † Lecture † Training Class
† Powerpoint Presentation † Other: _____
Length of Program Requested: _____ (Please note that 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.)