

Tooele City Fire Department Fire Prevention/Community Service Request Form

D 10 : 15		e in electronic format at <u>www.tooelefire.</u> org	
Person/Organization/Group Requesting Involvement		Today's Date	
Point of Contact		E-mail	
Primary Telephone Number	Cell Phone	Work or Day-time Number	
Timary Telephone Number	Cen Phone	work of Day-time Number	
TYPE OF EVENT			
Heal	lth Fair School Assembly	Station Tour	
Please explain how we can he	elp you.		
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INFORMATION WE WILL NEED TO KNOW			
Date of Activity	Time You Would Like us to Arrive	Time Event Starts Time Event Ends	
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I CE			
Location of Event		Special Directions on How to Get to Event, Where to Park, etc	; .
INSTRUCTIONS			
Please Print This Completed Request and Mail to:			
Tooele City Fire Department			
Fire Prevention / Community Service Committee			
90 North Main Street			
Tooele, UT 84074			
OR Call			
(435) 843-2200 ext. 2206 (Leave Message)			
(122) 2.12 == 23 (254. 2.1.200452)			
A department representative will call you for more information			
A department representative will call you for more information.			
FOR DEPARTMENT USE			
Received		Contacted	