Department of Public Safety
FIRE RESCUE DIVISION

LAKE COUNTY
FLORIDA

FIRE SAFETY EDUCATION ACTIVITY REQUEST FORM

Date of Request: _____

Requesting Person: _____ **Phone Number:** _____

Event: _____ **Purpose:** _____

Date(s): _____ **Times:** _____ **Length (Hrs.)** _____

Address of Event: _____

Directions to Event: _____

Group / Organization: _____ **Phone Number:** _____

Contact Person: _____ **Fax Number:** _____

Mailing Address: _____

Anticipated Number of Attendees: _____ **Age Group of Class:** _____

Requesting: ☐ **Smoke Trailer** ☐ **Fire Dog (Fire Pup Costume)** ☐ **Fire Dog (Blazer)**
☐ **Fire Clown** ☐ **Fire Apparatus** ☐ **Bike Team**

Other Equipment / Personnel needed: _____

Clear Form | Submit by Email | Print

Administrative Use Only:

Assigned Resources: ☐ **Fire Chief** ☐ **Battalion Chief** ☐ **Battalion Captain**
☐ **On-duty Engine Crew** ☐ **Firefighters**

Materials needed for event: _____

Submitted By: _____ **Date Submitted:** _____

315 W. Main Street, Suite 411, P.O. Box 7800, Tavares, FL 32778 Phone 352-343-9458 Fax 352-343-9516
Lake County Board of County Commissioners www.lakecountyfl.gov

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