FIRE DEPARTMENT

City of Susanville

530-257-5152 • 1505 Main Street • Susanville, CA 96130

fire@cityofsusanville.org

Public Education Program Request

Date: _____

Type of Program:

☐ **School Visit** ☐ **Fire Extinguisher Training** ☐ **Station Tour**

☐ **E.D.I.T.H Trailer** ☐ **Other: _____**

Contact Name/ Organization: _____

Address: _____ Email Address: _____

Phone Number: _____ Alternate Contact: _____

Number of People: _____ Grade: _____ Ages: _____

Special Needs: ☐ **YES** ☐ **NO**

If yes, what type of needs: _____

ALL PROGRAMS BEGIN AFTER 10:00 AM

First Request Date: _____ First Request Time: _____

Second Request Date: _____ Second Request Time: _____

Additional Information if needed:

****For Office Use Only****

Received by: _____ Date: _____

Assistant Chief Notified: _____ Duty Captain Notified: _____ Calendar: _____

Requestor Notified of Approval: _____ File: _____