

RETURN FORM TO:
Jacksonville Fire Department
206 Marine Blvd., PO Box 128
Jacksonville, NC 28540
Fax Number: (910) 455-4036



COMMUNITY FIRE PREVENTION REQUEST

Name of Organization: _____

Date of Request: _____ Time of Request: _____

Contact Name: _____ Telephone #: _____

Type of Presentation Requested (Check One):

- Puppet Show Patches & Pumper Fire Extinguisher Program
 Station Tour Fire Prevention Briefing/Speech Engine/Apparatus Visit
 Car Seat Clinic Firefighter Standby – Occupancy Conditions (Charge may apply)
 Combo _____ Pluggie _____ Other _____

Requested Address of Presentation: _____

Requested Date of Presentation:

1st Choice: _____ 2nd Choice: _____

Requested Time of Presentation:

1st Choice: _____ 2nd Choice: _____

Target Audience (Age Group): _____ Approximate Number Attending: _____

Please call (910) 455-8080 for questions or requests.

FIRE DEPARTMENT USE ONLY

Approved By: _____

Assigned To: _____

Completed By: _____ Date: _____

Entered Into H.T.E. by: _____ Date: _____