



PLANTATION FIRE DEPARTMENT
PUBLIC EDUCATION REQUEST FORM

Today's Date: _____

Event Name: _____ Event Date: _____

Sponsoring Organization: _____

Event Start Time: _____ Event End Time: _____

Event Location: _____

Event Description: _____

Type of Demonstration requested:

- | | |
|---|--|
| <input type="checkbox"/> Wet Down | <input type="checkbox"/> R.A.C.E Prop |
| <input type="checkbox"/> Fire Safety Talk | <input type="checkbox"/> Fall Injury Prevention |
| <input type="checkbox"/> Engine Demo | <input type="checkbox"/> Home Fire Safety Survey |
| <input type="checkbox"/> A Day with Sparky | <input type="checkbox"/> Other (Describe) |
| <input type="checkbox"/> Learn or Burn Fire Extinguisher Demo | |

Demonstration start time: _____

Approximate age range of attendees: _____

Primary Contact: _____ Contact Telephone Number: _____

E-mail: _____

Day of event contact (If different from above): _____

If you do not receive a return call within 24 hours of this request, (weekdays only) please call 954-797-2150, Monday through Friday 8:00 AM to 4:30 PM.