

City of Fountain Fire Department

A note before filling out this form***

Please make all requests at least two weeks in advance to help us balance community requests with emergency responses, trainings, fire inspections and other firefighter responsibilities. Your form submission will not process your request if you choose a date within two weeks of the day of submission.

Event Date: _____

Event Name: _____

Event Start Time: _____ Event End Time: _____

1 Hour Window Time-frame for Appearance: _____

Type of Request: Fire Station Tour; Informal Safety Talk; Community Event

Short Description of Event:

Purpose of Fountain Fire Participation?

Event Website: _____

Host Organization Name: _____

Host Organization Website: _____

Event Street Address: _____

Event City: _____

Event Zip Code: _____

Please note fire apparatus drivers are to park apparatus in an area for a rapid response for dispatched emergencies. The apparatus driver will attempt to benefit the event layout to the best of their abilities.

Approximate number of Attendees: _____;

Approximate Number of Adults: _____; Adult Age Range: _____

Approximate Number of Kids: _____; Kids Age Range: _____

On site, Day of Event Contact Person Name: _____

On site, Day of Event Contact Person, Email: _____

On Site, Day of Event Contact Person, Phone Number: _____

Upon completion of this form please email to FireCommunityEvent@fountainfire.org