

Fire & Life Safety Presentation Request

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| **Event Name:** |       |
|  |  |  |  |
| **Event Date:** |       | **Start Time:** |       | **End Time:** |       |
|  |  |  |  |
| **Event Address:** |       | Greenville | NC |       |
|  | *Street* | *City* | *State* | *Zip* |
| **Event Description:** |       |
|  |
|  |
|  |
| **Number of Participants:** |       | **Age Range:** |       |  |
|  |  |
| **Organization Name:** |       |
|  |  |  |  |
| **Organization Address:** |       |       |       |       |
|  | *Street* | *City* | *State* | *Zip* |
| **Contact Name:** |       |
|  |  |  |  |
| **Contact Phone:** | (     )      -      ext.       |  |  |
|  |  |  |  |
| **Contact Email:** |       |
| *Please email completed form to* *kgibson@greenvillenc.gov* *or fax to (252) 329-4374* |

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| **Fire-Rescue Use Only** |
| Date Received: |  | Reviewed by: |  |
| Date Reviewed: |  |  | [ ]  Approved [ ]  Denied |