

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*](mailto: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 |