

King George County
Fire Rescue & Emergency Services
Public Education Request

Requesting organization / individual: _____

Date of Event: _____ **Scheduled Start Time:** _____ **Duration:** _____

Type of Event or Service Requested: _____

Location of Event: _____

Name of Contact Person: _____

Contact Numbers: _____

If group event, how many people will be attending? _____

If children, what is the age range? _____

Special planning or equipment/supplies needed: _____

Employee/volunteer receiving request: _____

Date: _____ **Time:** _____

NOTIFY REQUESTING PARTY, THAT OUR PARTICIPATION IS CALL AND STAFFING DEPENDENT!!! (This means if we get a call or don't have enough staff, we will have to reschedule!)

Forward all requests to the public education coordinator for scheduling.

PUBLIC EDUCATION COORDINATOR USE ONLY

DISPOSITION: _____
NOTIFIED: _____ DATE: _____ TIME: _____

PRIORITY: 1 2 3