



CENTRAL COUNTY FIRE DEPARTMENT

SERVING BURLINGAME, HILLSBOROUGH AND MILLBRAE
1399 ROLLINS ROAD, BURLINGAME, CA 94010
(650) 558-7600

PUBLIC EDUCATION SPECIAL EVENT REQUEST

This form is a request for Fire Department participation. **All requests must be submitted at least 2 weeks before the requested date.** Although every effort will be made to accommodate your request, unfortunately we cannot guarantee approval. Please submit your request via email to pbignardi@ccfd.org. Your request will be reviewed and you will be contacted by a fire department representative.

EVENT REQUEST

Type of Event: _____ Event Name: _____
Requested Date/Time: _____ Alternate Date/Time: _____
Location: _____
Street Address *City*
Group Name: _____ Duration of Event: _____
Audience _____
Age/Grade: _____ Projected Attendance: _____
Contact Person: _____ Phone: _____
Email: _____ Address: _____
Reason for Request / Details of the Event

Additional Comments:

Please remember, if your request is approved and time has been scheduled for the event, we may be called to respond to an emergency. Likewise, if the Engine is not there at the scheduled time, it is because they are handling an emergency and will arrive after the emergency concludes.

FOR FIRE DEPARTMENT USE ONLY - CONFIRMATION INFORMATION

Coordinator: Patrick Bignardi, Fire Prevention Specialist Phone: (650) 558-7665
Email: pbignardi@ccfd.org
APPROVED NOT APPROVED **Approved Program Date:** _____
Approved By: _____ Date Approved: _____
Personnel Assigned: _____ Hours Assigned: _____

Comments:

