



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 Darrick Figg, dfigg@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: Darrick Figg, Fire Prevention Specialist Phone: (650) 558-7616

Email: dfigg@ccfd.org

APPROVED

NOT APPROVED

Approved Program Date: _____

Approved By: _____

Date Approved: _____

Personnel Assigned: _____

Hours Assigned: _____

Comments:

