Fire Department Public Education Presentations Request Form

CONTACT NAME:_____

ORGANIZATION NAME:_____

PHONE #:_____

E-MAIL ADDRESS:_____

NUMBER OF ADULT PARTICIPANTS:_____

NUMBER OF CHILDREN:_____

REQUESTED DATE:_____

REQUESTED TIME:_____

NOTE: DATE & TIME SHALL BE CONFIRMED BY ROCKWALL FIRE DEPARTMENT.

TYPE OF PRESENTATION:

ADDITIONAL INFORMATION **(special topics, special time, specific equipment/program, etc.):**

Please return this application to the Rockwall Fire Department.
Office/Fax: 972/771-7770 or 972-771-7772

Click Here to Email this Form