

LAGRANGE FIRE & RESCUE

121 West Main Street, LaGrange, KY 40031
502-222-1143 **Voice** 502-222-3168 **Fax**

Public Education Request Form

Date: _____ **Contact Name:** _____
LAST NAME FIRST NAME

Name of Organization: _____

Type of Organization:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> School | <input type="checkbox"/> Senior Center/Facility | <input type="checkbox"/> Scout Troop |
| <input type="checkbox"/> Business | <input type="checkbox"/> Senior Organization | <input type="checkbox"/> Day Care |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Religious Organization | |
| <input type="checkbox"/> Other: _____ | | |

Address

STREET ADDRESS CITY STATE ZIP CODE

Phone Number(s)

OFFICE NUMBER FAX NUMBER E-MAIL ADDRESS

Type of Program Requested:

- | | | |
|--|---|--|
| <input type="checkbox"/> Fire & Life Safety Presentation | <input type="checkbox"/> Educational Material | <input type="checkbox"/> Fire Station Tour |
| <input type="checkbox"/> Community Event | <input type="checkbox"/> Senior Safety Presentation | |
| <input type="checkbox"/> Public Awareness / Relations | <input type="checkbox"/> Video Rental | |
| <input type="checkbox"/> Other: _____ | | |

	1ST CHOICE	2ND CHOICE	3RD CHOICE
Date of Event			

	1ST CHOICE	2ND CHOICE	3RD CHOICE
Time of Event	<input type="checkbox"/> AM _____ <input type="checkbox"/> PM	<input type="checkbox"/> AM _____ <input type="checkbox"/> PM	<input type="checkbox"/> AM _____ <input type="checkbox"/> PM

Street Address of Event

STREET ADDRESS CITY STATE ZIP CODE