SUBMIT FORM

LEWISTON FIRE DEPARTMENT

REQUEST FOR SERVICES

CONTACT NAME: _____

*PREFERRED METHOD OF CONTACT:
- ☐ Phone – Wk _____
- ☐ Phone – Cell _____
- ☐ Email _____

NAME AND/OR TYPE OF ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

NUMBER OF PEOPLE EXPECTED: CHILDREN _____ AGE RANGE _____ ADULTS _____

CATEGORY: ***Check all that apply***			
☐	Fire Extinguisher Training	☐	Juvenile Firesetter Counseling
☐	Station Tour	☐	Apparatus Display
☐	Safety Education	☐	Other – *list type under Description*
Description or Additional Information:			

DATE _____ DAY OF WEEK _____ TIME _____

and **or** (*check one*) DATE _____ DAY OF WEEK _____ TIME _____

and **or** (*check one*) DATE _____ DAY OF WEEK _____ TIME _____

***YOU WILL BE CONTACTED FOR CONFIRMATION BEFORE YOUR REQUESTED SERVICE.**

FOR OFFICE USE ONLY – Return a copy to Fire Admin after this portion is complete

Date Request Received _____ By _____

Indicate Shift A-Shift ☐ B-Shift ☐ C-Shift ☐

Name of person contacting requestor: _____ Date contacted: _____

Comments: _____