

CITY OF AUBURN HILLS

REQUEST FOR PUBLIC EDUCATION PROGRAMS

Please submit this request form a minimum of two weeks prior to the requested program date. After your request is reviewed, you will be notified whether the Fire Department will be able to provide the requested program.

Date of Request: _____

Group/Organization: _____

Contact Person: _____

Contact Phone Number: _____ E-Mail: _____

Address where program is to be presented:

Requested Program Date: _____ # of Adults: _____ # of Children: _____

Requested Program Times: _____ to _____

Type of Program Requested (select more than one if necessary):

- | | | |
|-------------------|----------------------------------|----------------------------|
| CPR Classes | First Aid Classes | Fire Extinguisher Programs |
| Seniors Programs | Fire Station Tour | School Programs |
| Business Programs | Homeowners' Association Programs | |
| Truck Display | | |

Other (describe): _____

This form may be returned by mail or by clicking the "Submit Form" button below.

Auburn Hills Fire Department
Attn: Pub-Ed Programs
1827 N. Squirrel Rd.
Auburn Hills, Mi. 48326

Fire Dept. Use Only:

Crew Assigned: _____ Time Spent on Detail: _____ Hours

of Adults: _____ # of Children: _____ Date of Completion: ____/____/____