

Grand Haven Township Fire/Rescue Event Form

Date Request Received: _____

GHTF/R Personnel Taking Request: _____

Date: _____ **Time(s):** _____

Location: _____

Contact Person(s): _____

Contact Person(s) Phone Number: _____

Organization or Department: _____

Type of Event (Please Check All That Apply)

Safety Trailer Demo _____ **Station Tour** _____ **Burn Chamber** _____

Fire Prevention Lecture/Video _____ **Rental of Fire/Rescue Training Room** _____

Other _____

How Many People Expected For Event: _____

Who is Giving Presentation/Tours? _____

Is the event is outside of GHTF/R jurisdiction?

No Yes and it has been ok'd with _____

Grand Haven Township Personnel Transporting Trailer

1. _____ 2. _____

Grand Haven Township Personnel Staffing Event

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Please Place copy of form in Scheduling Coordinator's Mailbox and in Schedule book.

Duty Crew Notified Shift: _____ Date Notified: _____

Added to Fire/Rescue Office Door Calendar

Fire/Rescue Room Reserved (FT must enter in Outlook or call x6321 and have Denise add it)