



Town of Payson Fire Department
 400 W. Main St.
 Payson, AZ 85541
 928-474-5242 Ext. 300
 Fax 928-474-0925
 TDD 928-474-6449
www.paysonfire.com

FIRE DEPARTMENT EVENT REQUEST FORM

This form should be completed for all events that the Payson Fire Department is asked to attend.
 Requests should be submitted no less than **three** weeks prior to the date of the event.
 Your request will be considered and staff will contact you within **ten** days prior to your event date.

Completed forms should be mailed, faxed, or brought to the Payson Fire Department on Main Street

Organization Name: _____

Contact Person: _____ Contact Number: _____

Cellular Number _____ E-Mail: _____

Location of Event: _____

Date of Event: ____/____/____ Time of Event: _____ thru _____

Please check all of the following categories that apply:

____ Station Tour: Age Group: _____ Size of Group _____

____ School Visit: Age Group: _____ Size of Group _____ Topic _____

____ Guest Speaker: (Topic of Event) _____

____ Career Day: Age/Grade of Participants _____

____ Safety / Health Fair (Items Requested) _____

____ Special Event: (Event Type) _____

____ Medical Stand By (Resources required) _____

____ Presentation / Training (Type) _____

____ Other _____

Please note any additional information, resources, equipment requested or required :

For Department Use Only	Request Number _____
Date Received: ____/____/____ By: _____	
Assigned to: A Shift _____ B Shift _____ C Shift _____	(Forward to affected Battalion Chief)
Approved by Battalion Chief: Yes ___ No ___ Initial _____	Date: ____/____/____
Notification given to requestor by Battalion of approval decision.	Date: ____/____/____
Station / Personnel Assigned: _____	(Forward to assigned personnel)
OT Approved: Yes _____ No _____	
Associated Fee required: Yes ___ No ___ Amount: \$ _____	Payment Method _____
Other: _____	
Do not discard form, to be used for data tracking purposes.	
Rev. 6-13	