



## EAGLE PASS FIRE DEPARTMENT PRESENTATION REQUEST FORM

### CONTACT INFORMATION

YOUR NAME:		DATE:
ORGANIZATION NAME (IF APPLICABLE):		
PHONE NUMBER:	EMAIL ADDRESS:	

### EVENT INFORMATION

DATE OF EVENT:	TIME OF EVENT:	
DESIRED LENGTH OF PRESENTATION:	ESTIMATED # OF ATTENDEES:	
ADDRESS OF EVENT:		
CITY:	STATE:	ZIP CODE:
TOPICS TO BE COVERED:		
PURPOSE OF EVENT:	SPONSORS/HOSTS OF EVENT:	

### SIGNATURES

Signing below signifies that the information provided on this form is as accurate as possible. Once this form has been received by the Eagle Pass Fire Department, your request will be reviewed. Should the request be approved or disapproved, this form will be signed by a representative of the Eagle Pass Fire Department and a copy will be emailed to you.

SIGNATURE OF APPLICANT:	DATE:
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**For office use only:**

I recommend this request to be:  Approved  Disapproved

Reason for disapproval: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out completely and return to [ecuevas@eaglepasstx.us](mailto:ecuevas@eaglepasstx.us)

6/8/2018