

REQUEST FOR FIRE DEPARTMENT PARTICIPATION

Date(s) desired in order of preference: _____ Time: _____

Location of Program: _____

Contact Person: _____ Phone #(s): _____

Specifics of participation desired: _____

Please fill out if applicable:

Group size: _____ Ages of children: _____ Block Party #: _____

(If applicable)

NOTE: THE AURORA FIRE DEPARTMENT UTILIZES PERSONNEL AND VEHICLES FOR THESE REQUESTS THAT HAVE THE PRIMARY RESPONSIBILITY OF EMERGENCY RESPONSE FOR THEIR DISTRICT. THE DEPARTMENT CANNOT GUARANTEE THAT THESE UNITS WILL BE AVAILABLE FOR YOUR EVENT DUE TO EMERGENCY RESPONSE REQUIREMENTS:

RETURN COMPLETED FORM TO:

Aurora Fire Prevention Bureau
 5 E Downer Pl #G, Aurora, IL 60505
 FAX: (630) 256-4139
 Email: fpb@aurora-il.org

Please allow two weeks prior to event/request for proper scheduling,

FIRE DEPARTMENT USE ONLY	INITIAL	DATE
Received by _____	_____	_____
Approved/Denied by _____ <small>(Circle one)</small>	_____	_____
Assigned to Company # _____	_____	_____
Date Entered on Company Calendar _____	_____	_____
Copy to Battalion Chief # _____	_____	_____
Requestor Notified _____	_____	_____