

BEXAR COUNTY ESD 5 FIRE / RESCUE

PUBLIC RELATIONS REQUEST FORM

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____

PHONE NUMBER OR EMAIL: _____

DESCRIPTION OF EVENT: _____

ADDRESS OF EVENT: _____

DATE OF EVENT: _____

START TIME AND DURATION: _____

APPROXIMATELY HOW MANY IN ATTENDANCE: _____

AGE RANGE: _____

WHAT ARE YOU REQUESTING OF THE FIREFIGHTERS? SPECIFIC LESSON TAUGHT, SHOW & TELL ONLY
(TOUCH THE TRUCK), EMT ON SITE, OR OTHER?: _____

OFFICE USE ONLY:

STATION: 150 / 151 / 152

SHIFT: A / B / C

DUTY CHIEF: _____

OFFICER IN CHARGE OF EVENT: _____

ANY SPECIFIC SUPPLIES NEEDED: _____

EXTRA PERSONNEL NEEDED? Y / N IF SO, HOW MANY? _____

APPROVAL BY CHIEF _____ (INITIALS)