



Office of the State Fire Marshal Display / Presentation Request Form



Today's Date: _____

Organization Name: _____

Event Coordinator Name: _____

Coordinator Phone No.# / Cell: _____

Coordinator Email Address: _____

Event Title: _____

Physical Address of Event: _____

Event Date: _____

Event Times (Start to Finish): _____

Number of People Expected: _____

Description of Event: _____

Please select one of the following:

Table Top Display
 Presentation
 Arson Detection Canine

Where will our materials be displayed / presented?
 Indoors
 Outdoors

Will a table and chairs be provided for our staff?
 Yes
 No

Please submit completed form to:

**Office of the State Fire Marshal
 1537 Chestnut Grove Road
 Dover, DE 19904**

Fax: (302) 739-3696 Email: FM_PR@state.de.us

OFFICE USE ONLY: Approved [] Not-approved [] Signed: _____ Date: _____