



Office of the State Fire Marshal Display / Presentation Request Form



Today's Date: _____

Organization Name: _____

Event Coordinator Name: _____

Coordinator Phone N.# / 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 Presentation*

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](mailto:FM_PR@state.de.us)**

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