



Office of the State Fire Marshal *Display / Presentation Request Form*



Today's Date: _____

Organization Name: _____

Event Coordinator Name: _____

Coordinator Phone / 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

Youth Firesetting Presentation

Mobile Investigative Unit

Arson Detection Canine Unit Presentation

Technical Services

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: fire.marshall@delaware.gov

OFFICE USE : *Approved* *Denied* Signed: _____ Date: _____

Confirmation Call/Email to Event Coordinator

Event Posted on PR Calendar

Doc # 75-01-23-08-08