



# 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: [FM\\_PR@delaware.gov](mailto:FM_PR@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*