Fire & Carbon Monoxide Alert Device Program (HB 53)

DE OFFICE FOR DEAF & HARD OF HEARING
DELAWARE STATE FIRE MARSHAL'S OFFICE

Public Relations / Presentation Request Form

Today's Date:

Organization:

Event Coordinator:

Coordinator Email:

Phone: Event

Title: Rain Date:

Event Date: Arrival / Set Up: Start: Finish:

Event Times:

Event Location: ☐ Indoors ☐ Outdoors Sun Shelter / Shade: ☐ Yes ☐ No

Will table be provided? ☐ Yes ☐ No Will two chairs be provided? ☐ Yes ☐ No

Crowd Size Expected:

Event Description:

Other / Comments:

Please select ONE of the following:

☐ **Table Top Display** ☐ **Presentation - Fire & CO Alert Device Program**

Return Form To:

CHRISTINA FEIL
Delaware Office for the Deaf and Hard of Hearing
302-824-2175 Text
302-504-4741 VP
Christina.Feil@delaware.gov

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

☐ *Confirmation Call/Email to Event Coordinator* ☐ *Event Posted on PR Calendar* ☐ *Staff Assigned & Notified*