

PUBLIC EDUCATION REQUEST FORM

NAME OF ORGANIZATION OR GROUP MAKING THE REQUEST

ADDRESS OF ORGANIZATION OR GROUP MAKING THE REQUEST

CITY: Oakland STATE: California ZIP: _____

PHONE# _____ FAX#: _____

NAME OF CONTACT PERSON : _____

TITLE OF CONTACT PERSON : _____

CONTACT CELL# _____

PROGRAM INFORMATION

TYPE OF PROGRAM:

- Fire House Tour
- School Site Visit
- Fire Safety Hazard House
(4th grade and up)
- Career Day
- Block Party / Health Fair
- Emergency Response Team / Floor
Wardens and Monitors Training
- Extinguisher Training
and Demonstration
- Health Care Facility
- Day Care / Pre-sch Staff
- Home Fire Safety- Prevention
and Escape Planning

TARGET AUDIENCE

- Pre-school
- Kindergarten
- Primary Grades
1st 2nd 3rd
- Upper Elem.
Grades 4,5,6th
- High School
- Middle School
- General Public
and Children
- Nieghbors
- Adult Office
- Adult Industrial
- Seniors

LOCATION / ADDRESS OF EVENT

DATE OF PROGRAM

START TIME:

END TIME:

TODAY'S DATE:

Please Allow 3 Weeks