Community Event Request

<u>Clearcreek F</u>	-ire District	t requires a mir	nimum of	seven (7)) calendar da	ys to sch	edule an event.
Date of Request:			Event Date:				
Event Type	(check or	1e):					
Fire Station Tour		School Event		Business Event		Comr	nunity Block Party
Birthday Party		Scouting Event		Other			
Start Time:			End Time:				
Event Desc	cription:						
Location Ty	vno:						
Location is	-	Residence	Busine	SS	Public Spa	ce	
Name:							
Address:							
	Street Addres	iS					
	City					State	Zip Code
Estimated	l Number o	of Attendees					
Adults:			Childr	en:			
Contact Ir	nformation						
Name:							
Phone:							
Fmail							

Instructions for Attendance:

Crews attending the event are available for emergency activity and must park in an area allowing for quick arrival and departure.

FORM 501 REV May-25