

# REQUEST FOR FIRE SAFETY PUBLIC EDUCATION



Lancaster City Bureau of Fire - Fire Marshal Division  
425 West King Street  
Lancaster PA 17603  
717-291-4870 firemarshal@cityoflancasterpa.gov



The Lancaster City Bureau of Fire is committed to providing the highest level of service to the residents, businesses, and guests of the City of Lancaster. A key component to fire safety is education. This form is to be used to request any fire safety related public education events or to request a courtesy in-home private residence fire safety inspection. Fire safety inspections of private residences are not required and will only be done at the request of a property owner.

## REQUESTER INFORMATION

Name (required): \_\_\_\_\_ Date of request: \_\_\_\_\_

Telephone number (required): \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of school or business (if applicable): \_\_\_\_\_

Location of event or inspection (required): \_\_\_\_\_

Proposed date and time choices (we will try our best to accommodate your request):

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_  
(dd/mm/yyyy, start time-end time) (dd/mm/yyyy, start time-end time) (dd/mm/yyyy, start time-end time)

Expected number of attendees: \_\_\_\_\_ Age range of attendees: \_\_\_\_\_

Please explain any specific topics that you would like covered or requirements which need met.

\_\_\_\_\_  
\_\_\_\_\_

## TYPE OF REQUEST

School presentation or training.

Fire station tour or visit.

Do you have a particular first station that you would like to tour/visit?  Yes  No

Block party or community event.

Industry required business training.

What type of training are you requesting?

Fire extinguisher training

CPR/AED or other medical training

Fire safety or emergency procedures training

Other training: \_\_\_\_\_

In-home private residence fire and life safety inspection/check.

Please detail any questions, comments, or concerns that you would like to let us know regarding this Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## \*\*\* THIS SECTION TO BE COMPLETED BY THE FIRE BUREAU – OFFICE USE ONLY\*\*\*

Event added to Fire Bureau schedule.  Yes  No

Assigned to: \_\_\_\_\_ Date: \_\_\_\_\_ Company officer: \_\_\_\_\_  
(Platoon-Company)

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_