

CITY OF AUBURN HILLS

REQUEST FOR PUBLIC EDUCATION PROGRAMS

Please submit this request form a minimum of two weeks prior to the requested program date. After your request is reviewed, you will be notified whether the Fire Department will be able to provide the requested program.

Date of Request: _____

Group/Organization: _____

Contact Person: _____

Contact Phone Number: _____ E-Mail: _____

Address where program is to be presented:

Requested Program Date: _____ # of Adults: _____ # of Children: _____

Requested Program Times: _____ to _____

Type of Program Requested (select more than one if necessary):

CPR Classes

First Aid Classes

Fire Extinguisher Programs

Seniors Programs

Fire Station Tour

School Programs

Business Programs

Homeowners' Association Programs

Truck Display

Other (describe):

This form may be returned by mail or in person to the address below or emailed to dschultz@auburnhills.org

Auburn Hills Fire Department

Attn: Pub-Ed Programs

3410 E Seyburn Dr.

Auburn Hills, MI. 48326

Fire Dept. Use Only:

Crew Assigned: _____

Time Spent on Detail: _____ Hours

of Adults: _____

of Children: _____

Date of Completion: ____/____/____