



LIVERPOOL FIRE DEPARTMENT, INC.

1110 Oswego Street * Liverpool, NY 13088 * (315) 457-6347 * Fax (315) 457-8051

Request for FPB Presentation / Training

Requests **must** be made a minimum of 30 days in advance

Date

Contact Information:

Name: _____

Address: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____

E-Mail Address: _____

Organization Information:

Name: _____

Address: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____

E-Mail Address: _____

Type of Organization: _____

Date/Time/Location:

Date: 1st Choice: _____ 2nd Choice: _____

Time: 1st Choice: _____ 2nd Choice: _____

Presentation Location: _____



Incorporated
1889

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Presentation Information:

PowerPoint / Lecture Presentation
'Hands – On' Training

Firehouse Visit
Simulator

Topic(s) Desired:

Youth Fire Prevention
Senior Fire Prevention
Home Safety
Home Escape Plan

Smoke Detectors
CO Detectors
Fire Extinguishers

Other: _____

Special Requests / Notes:

****We will make every effort possible to coordinate dates/times with your organization; however, there is no guarantee. We are a 100% volunteer organization. We will need to conduct a *site visit* prior to any presentation to determine capabilities (i.e*. projector, screen, hydrant locations, proximity, etc.)****

Please send completed forms to fireprevention@liverpoolfire.com. Allow 7 days for a response.
Questions may also be directed to the e-mail address above