Fort Atkinson Fire Department

Community Event Request Form

Please complete and email to: mjergens@fortatkinsonwi.gov

1. Information
   Organization or group name: _____
   Contact person: _____
   Phone Number: _____
   Email Address: _____

2. Event Details
   Event Name: _____
   Event Date: _____
   Start Time: _____
   End Time: _____
   Location (Address): _____

3. Event Description and purpose

4. Fire Department Involvement
   (Please describe request for the fire department. e.g., demonstration, education, apparatus display)

5. Attendance
   (Estimated attendance and age groups)

6. Additional Information
   Will there be any additional agencies or vendors present? If yes, please list:

Approval of this request does not guarantee attendance. Participation is subject to department availability and may be cancelled due to emergency responses or operation demands.

Date: _____