CITY OF
VICTORVILLE

(760) 955-5227
FAX (760) 955-1098
14343 Civic Drive
P.O. Box 5001
Victorville, CA 92393-5001

Print Form

Attention: Toni Amata

FIRE DEPARTMENT

PROGRAM REQUEST

Please complete the information below and mail this form to Victorville Fire Department at the address above or FAX it to (760) 955-1098. After review, the department will contact you regarding the status of your request.

1. Name of Agency: _____ Date: _____
2. Address: _____
3. Contact Person: _____ Signature: _____
4. Phone: _____ FAX : _____ E-Mail: _____
5. Type of Business: _____
6. For Profit ○ Non Profit ○ Tax I.D. No: _____
7. Anticipated Number of Attendees: _____
8. Name of Event: _____
9. Services Requested:

10. This program will provide the following benefit to the community:

11. Program Date: Hours Requested/Time of Program:
12. Program Location:

PLEASE NOTE: This Department tries to accommodate as many requests as possible within our financial constraints. For some promotional events, a fee may be required to cover the costs of personnel assigned to the event. Should this situation apply to your program, you will be notified, in advance, of the exact charges.

JB/ta
7/25/00
Rev. 12-6-07