CENTRAL COUNTY FIRE DEPARTMENT

SERVING BURLINGAME, HILLSBOROUGH, AND MILLBRAE
1399 ROLLINS ROAD, BURLINGAME, CA 94010
(650) 558-7600

PUBLIC EDUCATION
SPECIAL EVENT REQUEST

This form is a request for Fire Department participation. All requests must be submitted at least 2 weeks before the requested date. Although every effort will be made to accommodate your request, unfortunately, we cannot guarantee approval. Please submit your request via email to info@ccfd.org . Your request will be reviewed and you will be contacted by a Fire Department representative.

EVENT REQUEST - TELL US ABOUT YOUR EVENT

Type of Event: CHOOSE ONE

Event Name: _____

Requested Date/Time: _____

Alternate Date/Time: _____

Location: _____
Street Address *City*

Group Name: _____

Duration of Event: _____

Audience Age/Grade: _____

Projected Attendance: _____

Contact Person: _____

Phone: _____

Email: _____

Address: _____

Reason for Request / Please Share Details of the Event ↘

PLEASE NOTE:

If your request is approved and time has been scheduled for the event, we may be called to respond to an emergency. Likewise, if the Engine is not there at the scheduled time, it is because they are handling an emergency and will arrive after the emergency concludes.

Coordinator: Fire Administration Office

Phone: (650) 558-7600

Email: info@ccfd.org

☐ APPROVED ☐ NOT APPROVED

Approved Program Date: _____

Approved By: _____

Date Approved: _____

Personnel Assigned: _____

Hours Assigned: _____

Comments: