



PHARR FIRE DEPARTMENT

Appearance Request Form

NOTICE

- Inclement weather may adversely affect the request to your function/event.
- It may be possible that under certain circumstances the department may not be able to attend your event despite the advance notice/request was given.
- The Pharr Fire Department is a public safety entity and may need to respond to an emergency while attending your function/event.

Please fill out this form if you are requesting the presence of the Pharr Fire Department to be at your event/function. The information that you provide on this form will help us prepare for your organization's upcoming event/function. This form must be filled out **two (2) weeks BEFORE** the date of the event. If you need assistance filling out this form please contact us at (956) 402-4400. This form may be returned by email to fireprevention@fd.pharr-tx.gov OR Fax (956) 475-3433

PLEASE WRITE LEGIBLY

Business/Organization _____ Contact Person _____

Address of Event _____ Phone _____

Contact Person's email _____ English _____ Spanish _____
Language Preference

Date of Event _____ START Time _____ am/pm END Time _____ am/pm

APPEARANCE REQUEST TYPE

Please select all that apply

- | | | |
|---|--|---|
| <input type="checkbox"/> General Fire Safety (Speaker)
<input type="checkbox"/> Fire Prevention for Schools
<input type="checkbox"/> Fire Safety Trailer
<input type="checkbox"/> Fire Truck Demonstration
<input type="checkbox"/> Career Day (Speaker)
<input type="checkbox"/> Back to School Event
<input type="checkbox"/> Health Fair | <input type="checkbox"/> Fire Extinguisher Class
<input type="checkbox"/> Special Topic(s) Program(s)
(Please specify in REMARKS)
<input type="checkbox"/> Safety in the Workplace
<input type="checkbox"/> Fire Drill
<input type="checkbox"/> Home Fire Safety
<input type="checkbox"/> Parade | <input type="checkbox"/> Fire Station Tour
Select Station(s) 1 2 3 4
<input type="checkbox"/> OTHER (Please Explain)

_____ |
|---|--|---|

Additional Remarks, Comments, or Information _____

SCHOOL REQUESTS ONLY	ALL OTHER REQUESTS			
Grade Level	START Time	END Time	No. of Children	No. of Adults
TOTAL				

FIRE DEPT. USE ONLY

Received By _____ Received Date _____ Added to Calendar _____

Fire Marshal _____ Date _____ APPROVED / DENIED

Deputy Chief _____ Date _____ APPROVED / DENIED

Assistant Fire Chief _____ Date _____ APPROVED / DENIED

Staff Additional Notes _____

Shift: A B C Station: 1 2 3 4 Prev. Personnel Assigned: _____

 Unscheduled Hours YES / NO Hours Worked _____

Fire Chief / Asst. Fire Chief _____ Date _____ APPROVED / DENIED