



# PHARR FIRE DEPARTMENT

## Appearance Request Form

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](mailto:fireprevention@fd.pharr-tx.gov) OR Fax (956) 475-3433

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

Additional Remarks, Comments, or Information \_\_\_\_\_

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

**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: \_\_\_\_\_

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Unscheduled Hours YES / NO Hours Worked \_\_\_\_\_

Fire Chief / Asst. Fire Chief \_\_\_\_\_ Date \_\_\_\_\_ APPROVED / DENIED