



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.

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1. Name of Agency: _____ Date: _____
 2. Address: _____
 3. Contact Person: _____ Signature: _____
 4. Telephone Number: _____ FAX Number: _____
 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: _____
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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.