



## OFF-DUTY DETAIL REQUEST

### CONTACT INFORMATION:

Client/Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Work Phone: \_\_\_\_\_ Contact Cell: \_\_\_\_\_

### EVENT INFORMATION:

Number of Firefighters/Paramedics or Fire Inspectors Requested: \_\_\_\_\_

Event Description: \_\_\_\_\_

Location: \_\_\_\_\_

Number of Attendees – Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Will Alcohol Be Served: YES NO

Starting Date: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Special Instructions/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### BILLING INFORMATION:

Bill To Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Phone: \_\_\_\_\_

Initial & Date: \_\_\_\_\_