

Fire Prevention Services Fire Extinguisher Demonstration Request Form



Event Date: _____

Event Time: _____

Event Location: _____

REQUESTOR CONTACT INFORMATION:

Name: _____

Telephone # : _____

Address: _____

Email Address: _____

BFS Chart String Account # _____

FIRE MARSHAL INFORMATION:

Name: _____

Telephone # : _____

Address: _____

Email Address: _____

PP-CS Work Order #: _____

Equipment required by PP-CS: _____

PP-CS Technician Assisting: _____

**Print and fax to Campus Facilities Services at 643-7264
Call Karen Lobo at 643-7264**