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|-------|-----------|
| Date | PU or DEL |
| Time: | Trailer: |

Office of the State Fire Marshal

Request Form for:



- | | |
|---|--|
| <input type="checkbox"/> Life Safety House (trailer) | <input type="checkbox"/> Dalmatian/Sparky Suit |
| <input type="checkbox"/> Sparky Hazard House (tabletop) | <input type="checkbox"/> Earthquake Safety House |

| | | | |
|--------------------|---|------------------|--|
| Instructions | 1. Complete form including signature/typed name and date 2. Print and email to amccormick@utah.gov or print and Fax to: 801-256-2386 or Mail to: Office of the State Fire Marshal 410 West 9800 South, 3rd Floor, Sandy, Utah 84070 | | |
| Department Name | Contact Person | Phone number: | |
| Location of Event: | | Alt phone number | |
| Email | Mailing Address, City, Zip (if different) | | |

| Date Request: | | | Delivery options | |
|---------------|----------------|------|--|--|
| | Date m/d/yy | Time | We need it delivered: <input type="checkbox"/> | |
| Delivery | | | We can pick it up: <input type="checkbox"/> | |
| Event Start | | | | |
| Event End | | | | |
| Pick Up | | | | |

| Type Of Event | | | |
|--|--|--------------------------------------|---------------------------------|
| Fire Dept Event <input type="checkbox"/> | School Program <input type="checkbox"/> | Safety Fair <input type="checkbox"/> | Other: <input type="checkbox"/> |
| EMS Event <input type="checkbox"/> | City or Town Fair <input type="checkbox"/> | County Fair <input type="checkbox"/> | |

Describe your event:

Describe where to place trailer:

I agree that while in the above listed organization's possession, all policies for the Life Safety House will be followed. In addition, I agree to notify the State Fire Marshal's Office of any damages of the Life Safety House or any of its contents. We will follow all applicable laws while using the Life Safety House and hold harmless the State, Department of Public Safety, and the Fire Marshal's Office for any negligence as a result of misconduct or improper use by the user.

Signature (by typing in your name you agree to the above statement) Signature: _____ Date _____

| For Office Use Only | | | | |
|---------------------|--|-------------------|--|---------------------|
| Approval Date | | Confirmation sent | | Disapproved due to: |