

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 |

<b>Instructions</b>	1. Complete all boxes on this form. 2. Print and email to amccormick@utah.gov 3. Requests must be made at least one month in advance of your event. Cancellations must be made at least 2 days in advance. 4. The Earthquake Trailer can be staffed by SFMO personnel only.	
Department Name	Contact Person	Phone number:
Location of Event:	Alt phone number	
Email		

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: