

# **Public Education Request Form**

It is requested that Fire Safety Education Presentations be scheduled at least two weeks prior to the presentation date.

**Name of Business or Occupant/s:**

**Name of person requesting Presentation:**

**Phone Number of Person Requesting Presentation:**

**Address Requesting Presentation:**

**Number of Kids/Adults and age range:**

**Any Special Request or comments:**

**DATE and TIME Presentation requested:**

Please send completed request form to the Washington County Sheriff Office  
Fire Safety and Public Education  
1155 Clydesdale Drive Fayetteville, AR 72701  
Fax: (479)444-5733  
E-Mail: [tmccartney@co.washington.ar.us](mailto:tmccartney@co.washington.ar.us)