

# Greeley Fire Department Non-Emergency Service Request

The individual requesting staffing for the event must complete the top portion of this form. Please provide the most efficient means of contact (Email, phone). When the information is entered and complete please select the Email Button at the top right corner to submit.

Date of Request:  Name of Person Making Request:

### Request Information

Date of Event:  Start Time:  End Time:

Type of Request:

Name of Organization:

Address/Location:

Contact Person(s):  Phone #:

Email (optional):  Can we share this event on social media?

### Additional Information

Estimated Number of Participants:   Adult  Children  Families  Public Event

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### To Be Completed by Fire Department Personnel

NESR #:

DC Approval:  Shift on Duty:  Event assigned to:

Number of Personnel assigned:  Compensation:  Contact Person Notified?

### Notes:

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### Completed Event Information

Actual Hours for Event:  Number of Personnel:  OT/CT Hours Recorded:

Estimated Number of Participants:   Adult  Children  Families  Public Event

### Additional Information