



REQUEST HOFD PARTICIPATION/USE FORM

DISTRICT PARTICIPATION OR FACILITY USE

Contact Person*: _____
Organization*: _____
Phone Number(s) *: _____
Email*: _____
Program/Event Location*: _____
Date(s) desired in order of preference*: _____
Start Time*: _____ End Time*: _____
Description and District participation request details*:

*denotes required field

Please fill out if applicable: Group Size: _____ Age Range: _____

Note: The Heber-Overgaard Fire District utilizes On-Duty Personnel and Fire District Apparatus that have the primary responsibility of Emergency Response for the District. The Department cannot guarantee that these units will be available for your event due to emergency response requirements.

Return, Mail or Email Completed Form To:

Heber-Overgaard Fire District
Division of Public Education
2061 Lumber Valley Rd
Overgaard, AZ 85933
FAX: (928) 535-3175
Email: DeputyChief@HOFDAZ.com

Please allow two weeks prior to event/request for proper scheduling,

FIRE DISTRICT USE ONLY		INITIAL	DATE
RECEIVED BY	_____		_____
REVIEWED BY	_____		_____
APPROVED	DENIED		
ASSIGNED TO: SHIFT	A B C	CAPTAIN	_____
DATE ENTERED ON CALENDAR	_____		_____
COPY OF EVENT TO CHIEF	_____		_____
REQUESTER NOTIFIED	_____		_____