



Public Fire/Injury Education Request

Please Check: ___ Fire Truck ___ Fire Safety House ___ Fire Lecture ___ Career Day
___ Other _____

Date:

Time:

Ages:

#Visitors:

Organization Name:

Location:

Contact Name:

Phone Number:

GFD Information:

Confirmation, please initial and fax to contact, if applicable, if not please call to confirm with requestor.

Shift on Duty

Please complete and fax form to 919-580-4277, or email to esasser@ci.goldsboro.nc.us
or ehobbs@ci.goldsboro.nc.us