

Charter Township of Washington Request for Public Education Programs



Please submit this request for a minimum of three weeks prior to the requested program date. After your request is reviewed, you will be notified whether the fire department will be able to provide the requested program.

Date of Request: _____

Group/Organization: _____

Contact Person: _____

Contact Phone Number: _____ E-Mail: _____

Requested Program Date: _____ # of Adults: _____ # of Children: _____

Type of Program Requested (circle more than one if necessary):

- | | | | |
|------------------|-----------------|-------------------|-------------------|
| CPR Class | CPR Classes | Business Program | School Program |
| Seniors Program | AED Program | | |
| Business Program | Seniors Program | First Aid Classes | Fire Station Tour |

Other (describe):

Please return this form by mailing or dropping off to the address below;

Washington Township Fire Department
Attn: Public Education
11300 27 Mile Road
Washington Twp, MI
48094

Original Approval: 4/16/14
Revision Level: 00
Revision Date: n/a