



Hooksett Fire-Rescue Special Event Detail Staffing request

Business telephone: 623-7272 Fax: 626-6742 www.hooksettfire.org

Date of request: _____

Person(s) in charge and contact number(s):

Event Location & directions:

If available, please include a copy of an event site map.

Time(s) and date(s) of event:

Planned activities:

Total anticipated number of participants/attendants: _____

Location, time and date of pre-event meeting:

Details: Fire Prevention Apparatus Emergency Medical Service Other

A three (3) hour minimum @ \$55.00 per hour per person applies. Apparatus costs are \$55.00 per hour. Costs may vary as changes in conditions or event times require. Service other than that noted will be reflected in the invoice. Pre-event inspections may be necessary. Payment is due upon receipt of invoice.

Printed name & signature to authorize Special Event / Detail staffing:

Signature **Title & date**

Billing information (please print clearly)

Business/Organization: _____

Attn: _____

Mailing Address: _____

