**Semmes Fire Rescue Station Tour/Visit Application**

Thank you for your interest in visiting Semmes Fire Rescue! Please fill out the information below to request a station tour or visit. Once completed, please email this form to **kevinbrooks@cityofsemmesal.gov** or drop it off at any of our fire stations.

**Group Information**

* **Name of Group**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Number of Participants**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Age Group**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Station Preference**

Please indicate which station you would like to visit:

* ☐ Station 1
* ☐ Station 2
* ☐ Station 3
* ☐ Training Center

**Contact Information**

* **Contact Person**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date and Time Preference**

* **Requested Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Alternate Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Preferred Time**:
	+ ☐ Morning
	+ ☐ Afternoon

**Additional Comments or Special Requests**

Thank you for your interest in learning more about Semmes Fire Rescue! We look forward to your visit!