



LFUCG Division of Emergency Management
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Request for Education and Outreach

Date Requested:	
Date of Event:	
Time of Event:	
Duration of Event:	
Location:	
Address:	
Topic:	
Type of Audience:	
Number Attending:	
Equipment Available:	

Type of Education/Outreach (check all that apply):

☐ Booth - Unstaffed
☐ Booth - Staffed
☐ Panel
☐ Press Conference Participation
☐ Press Release
☐ Presentation
☐ Respond to Citizen Request
☐ Brochures/Flip Charts (specify subject matter): # Brochures:
☐ Change to our website
☐ Other (specify):

Contact Name:	
Contact Phone Number:	
Contact Email Address:	
Comments/Directions:	