



**CENTRAL MAT-SU FIRE  
DEPARTMENT  
PUBLIC EDUCATION  
FIRE DEPARTMENT PARTICIPATION  
REQUEST FORM**



**NAME:**

**EMAIL:**

**MAILING ADDRESS:**

**PHONE #'s: (HOME)**

**(CELL)**

**(FAX)**

**ORGANIZATION NAME:**

**\*NOTE\*** ALL REQUESTS FOR STATION TOURS, PUBLIC EDUCATION AND SITE VISITS **REQUIRE A MINIMUM OF TWO WEEKS NOTICE**

**STATION TOUR:** CMSFD Fire Stations Only.

**SITE VISIT:** Crew to Visit (Located in the CMSFD Fire Service Area ONLY)

**TRUCK TO EVENT:** Crew & Truck (Located in the CMSFD Fire Service Area ONLY)

Click here for a link to the CMSFD Fire Service Area Boundaries to confirm you are located within the Fire Service Area

**TYPE OF REQUEST:**

**SITE VISIT**

**STATION TOUR**

**APPARATUS TO EVENT**

**OTHER** Explain:

**CHOICE #1 DATE:**

**START TIME:**

**END TIME:**

**# OF GUESTS:**

**CHOICE #2 DATE:**

**START TIME:**

**END TIME:**

**USE THE DROPDOWN MENU BELOW TO CHOOSE A STATION FOR THE REQUESTED TOUR**

To serve you better, please provide all details of any specific requests, above what is considered standard practice in the area provided below:

**SPECIAL REQUESTS (PLEASE BE SPECIFIC):**

**\*NOTE\*** **submittal of this form will hold a time slot on the calendar, however, this does not guarantee approval or availability.**

If you have additional questions, please call (907) 861-8045 or (907) 861-8030 or email questions to [firecode@matsugov.us](mailto:firecode@matsugov.us) prior to submitting form

**Please email completed form to [firecode@matsugov.us](mailto:firecode@matsugov.us)**

Checking this box and initialing below is confirmation that I have read, comprehend and agree to the rules stated above.

Initials