

# TIFFIN FIRE/RESCUE DIVISION

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## Fire Extinguisher Training Request

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_ Address: \_\_\_\_\_

Requested Date: \_\_\_\_\_ Time: \_\_\_\_\_

Expected number attending: \_\_\_\_\_

Special request or additional information:

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For department use only:

Approved date: \_\_\_\_\_ Time: \_\_\_\_\_

Duty Crew: \_\_\_\_\_ Captain: \_\_\_\_\_ Entered in FH: \_\_\_\_\_