



CHIEF NICHOLAS L. MARSAN
WESTPORT FIRE DEPARTMENT
515 Post Road East
Westport, CT 06880

Westport Fire Department Community Request Form for Apparatus Use

Thank you for your interest in requesting the use of Westport Fire Department apparatus for your event. Please complete this form to help us evaluate your request. In line with our policy, apparatus use is limited to events that primarily focus on fire prevention, public education, or applicable community outreach.

Note: All requests must be submitted at least 30 days before the event date. Approval is at the discretion of the Fire Chief or designated senior officer.

Event Information

1. Event Name:

Please provide the name of the event.

2. Event Date and Time:

Please specify the date and time of the event.

3. Event Location:

Please provide the full address where the event will be held.

4. Event Organizer Name:

Name of the individual or organization requesting the apparatus.

5. Contact Information:

- Phone Number:

- Email Address:

Purpose of the Event

6. Is the primary purpose of this event related to fire prevention, public education, or community outreach? - ☐ Yes - ☐ No Is it a for-profit event? ? - ☐ Yes - ☐ No

- If yes, please explain how the event will focus on fire prevention, public education, or community outreach: *Provide a brief description of how the event aligns with these goals.*

Event Details

7. Please describe the activities planned for the event:

Include a brief description of the event activities and any involvement expected from the fire department apparatus and personnel.

8. Is there any specific role that you expect the fire department apparatus to play at this event?

- ☐ Yes - ☐ No

- If yes, please describe:

Safety and Liability

9. Will the event include any activities that could pose a risk to the apparatus, fire department personnel, or the public? - ☐ Yes - ☐ No

- If yes, please provide details:

10. Will event organizers have liability insurance coverage that includes the participation of the Westport Fire Department? - ☐ Yes - ☐ No

- *If yes, please attach a copy of the insurance certificate with this form.*

Additional Information

11. Is there any other information you would like to provide that may support your request?
Include any additional details that could help in the evaluation of your request.

Agreement and Signature

By submitting this request form, I acknowledge that I have read and understand the Westport Fire Department's policy on the use of apparatus for private functions. I confirm that the information provided is accurate and complete. I understand that approval is at the discretion of the Fire Chief or designated senior officer and that the Westport Fire Department reserves the right to decline any request that does not align with department policy. I understand that approval of this request is not guaranteed participation, and that emergency operations or other public safety priorities take precedence over honoring this request.

Name of Applicant: _____

Signature: _____

Date: _____

For Department Use Only

- Request Received By:

- Date Received:

- Approved/Denied: - ☐ Approved - ☐ Denied

- **Comments/Conditions:**

- Fire Chief or Designated Officer Signature: _____

- Date of Decision: _____