

NEW CASTLE COUNTY DEPARTMENT OF PUBLIC SAFETY
OFFICE OF EMERGENCY MANAGEMENT

PUBLIC PRESENTATION REQUEST

Please complete this form for an Emergency Preparedness presentation or display. A staff member will contact you at the number below to finalize details. Thank you for your interest in Emergency Preparedness.

Request Received From:

Name: _____

Organization: _____

Address for presentation/display: _____

Call Back/Contact Phone Number: _____

Audience Information:

Type (include age range): _____

Potential number: _____

Presentation/Display Information

Topic(s) Desired: _____

Date(s) Desired: _____