



## Event participation application

**Fire Services**  
101-1101 5 St., Nisku, AB T9E 2X3  
p: 780-955-7099 f: 780-955-9401  
fireservices@leduc-county.com

Date \_\_\_\_\_

### Applicant information

Applicant name		Phone	
----------------	--	-------	--

### Event information

Event name		Event date	
Address		Event time/duration	
Contact name		Phone	
Email			

### Event description

--

### Frequency

<input type="checkbox"/>	Annual event	<input type="checkbox"/>	One time only
--------------------------	--------------	--------------------------	---------------

### Resources requested

<input type="checkbox"/>	Manpower	<input type="checkbox"/>	Trucks	<input type="checkbox"/>	Other
--------------------------	----------	--------------------------	--------	--------------------------	-------

### Description of participation

--

### Notice required

Please submit your request at least 30 days in advance of the event date. Applications with less than 30 days' notice will be considered, but may be declined due to short notice.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Station Captain approval

\_\_\_\_\_  
Date

Personal information provided is collected by Leduc County under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act (the FOIP Act) and we will protect it in accordance with Part 2 of that Act. We will use it to administer programs and services for which you have registered, and communicate with you if necessary. If you require further information about collection, use and disclosure of personal information, please contact the FOIP Coordinator, 780-770-9251, foip@leduc-county.com.

## To be completed by administration

### Type of event (choose one)

<input type="checkbox"/>	Fire Services event	<input type="checkbox"/>	External organization event
<input type="checkbox"/>	Association event	<input type="checkbox"/>	Leduc County event
<input type="checkbox"/>	Other (fundraiser, promotion, etc.); please specify		

### Requirements

<input type="checkbox"/>	Uniform to be worn	Class	
<input type="checkbox"/>	Funding	Amount	
<input type="checkbox"/>	Paid event	<input type="checkbox"/>	Unpaid event
<input type="checkbox"/>	Notification for other county departments (communications, executive leadership, etc.)	Rate	
<input type="checkbox"/>		Specify	

### Process

<input type="checkbox"/>	Application brought forward to leadership team meeting	Date	
--------------------------	--	------	--

### Decision

<input type="checkbox"/>	Approved	<input type="checkbox"/>	Declined
--------------------------	----------	--------------------------	----------

\_\_\_\_\_  
Assistant Deputy Fire Chief signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Fire Chief signature

\_\_\_\_\_  
Date

### Additional notes and/or recommendation from event

--

### For office use

<input type="checkbox"/>	Original application and decision filed	Date	
<input type="checkbox"/>	Copy of decision sent to Fire Marshal	Date	
<input type="checkbox"/>	Copy of decision sent to applicant	Date	
<input type="checkbox"/>	Copy of decision sent to Assistant Deputy Fire Chief	Date	
<input type="checkbox"/>	Original filed in file # 1100-E01	Date	