



CHESTER FIRE DEPARTMENT

MOBILE EDUCATION UNIT

REQUEST FORM

Name of Organization: _____

Date of Event: _____

Time of Start: _____

Location: _____

Contact Person: _____

Phone Number: _____

Brief Description of Event:

Date of Request: _____

Note: Approximately 60 feet in length of clear space will be needed for placement of the unit so that the unit can maneuver and operate safely.

Please fill out form completely and email as an attachment to kpostlewait@chestercity.com or jgoldsborough@chestercity.com. Forms can be sent via email or faxed to 610-447-7840.

Kevin Postlewait, Fire Prevention Officer
Fire Headquarters
320 East 14th Street
Chester, PA 19013
610-447-7765