

EVERGREEN PARK FIRE DEPARTMENT  
FIRE SAFETY HOUSE REQUEST FORM

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Return this form to:  
Evergreen Park Fire Department  
9000 S. Kedzie Avenue  
Evergreen Park, Il 60805  
Attention Division Chief J. Clohessy

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Fire Department Use

Date Received: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

Date Reply Sent: \_\_\_\_\_

Assigned to: \_\_\_\_\_