



Dunlap Community Fire Protection District

400 North Fourth Street
P.O. Box 69
Dunlap, IL 61525



Name of Organization: _____

Purpose of Meeting: _____

Time and Date of Meeting: _____

Person Responsible for Meeting:

Name: _____

Address: _____

Phone number: _____

Email: _____

Program description and number of attendees: _____

Facility Requested:

____ Station 2 Maximum 25

I agree to abide by the policies and guidelines set by the Dunlap Fire Protection District. I understand privileges will be revoked if guidelines are not followed.

Contact

Dunlap District Fire Chief