



KATHY M. SHEEHAN  
MAYOR



CITY OF ALBANY  
DEPARTMENT OF FIRE, EMERGENCY & BUILDING SERVICES  
26 BROAD STREET  
ALBANY, NEW YORK 12202  
TELEPHONE (518) 447-7879  
FAX (518) 447-7883



WARREN W. ABRIEL, JR.  
ACTING FIRE CHIEF

## Request a Special Event Detail or Firehouse Visit

---

To request a tour of one of our firehouses or a special event detail, please fill in the following fields completely. You can submit your request anytime, but please do so at least two weeks in advance of when you would like to have the tour conducted or the date of the special event. **Firehouse tours can be scheduled to start seven days a week, from 9am until 7pm.** Please understand that requesting a tour or special event detail at a certain time does not guarantee that we will be able to accommodate that timeframe; however, we will do our best to accommodate your request.

Please remember, the firefighting crews are emergency response personnel and emergency response will be our first priority. This means the crew may be late, may have to leave early, or may not be able to show up at all. Please let us know if you need to reschedule because of one of these reasons.

Most of the firehouse tours include a safety message, a demonstration of the gear that we wear, a tour of the fire truck and, if applicable, a tour of the firehouse. This will take about one hour.

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

Contact Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_

Approximate grade level of the audience:

Preschool

Kindergarten

1<sup>st</sup> Grade

2<sup>nd</sup> Grade

3<sup>rd</sup> Grade

4<sup>th</sup> Grade

5<sup>th</sup> Grade

6<sup>th</sup> Grade

Middle School

High School

Adults

All

Preferred Date: \_\_\_\_\_

Alternate Date: \_\_\_\_\_

Preferred Time: \_\_\_\_\_

Alternate Time: \_\_\_\_\_

Location or Address of the Visit/Detail: \_\_\_\_\_

Number of Children (no more than 20 at one time for a firehouse tour unless specifically approved): \_\_\_\_\_

Number of Adults (must provide sufficient supervision): \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Additional Notes/Special Requests for Presentation: \_\_\_\_\_