Lancaster County-Wide Communications

	Request for Drill Dispatch					
Company Requesting I	Orill:					
Fire Company Address	::	Phone # :				
Fire Chief:		Training Officer:	ning Officer:			
Location of Drill:						
Simple Directions:						
Brief Description of Dr	rill Involvement:					
	Officer:					
Number of Companies	Participating:	Length of Drill:				
Are the local police ag	encies aware of the drill?					
Do you want the dispat	tch made per 1st alarm and	l subsequent alarm resp	onses ? Yes	No Other		
name, the location that the company is to be	the participating companie t the company is to be disp dispatched (initial dispatcon) to have the signature of a F	patched to (scene, stan h, 2nd alarm, separately	dby at a speci y),the compan	fied location), whe		
Company Name	Location	Dispatch	In/Out	Chief's		
		Sequence	Service	Signature		
1						
2.						

3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
I,		, in the capacity of			with the	
	Fire Com	pany have read and	fully understa	and the require	ements contained	
	form, and have fulfilief of each participat	led these requireme	ents to the best	t of my ability	. By show of	
Respectfully submi	tted:					
LCWC use only:						
Approved	_ Disapproved	Signat	ure			
Comments:						