

Last Alarm Foundation, Inc.  
Funeral Fire Truck Request Form

Application Date: \_\_\_\_\_

[\[Section 1\]](#)

**Contact information for individual requesting use of LAF fire truck:**

\_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Email

Contact name for funeral if different than individual requesting LAF apparatus:

\_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Email

[\[Section 2\]](#)

**Deceased Information**

Name of Deceased: \_\_\_\_\_

Age: \_\_\_\_\_ Public Safety Affiliation: \_\_\_\_\_  
Agency Name

City: \_\_\_\_\_ State: \_\_\_\_\_ Rank \_\_\_\_\_ Line of Duty Death: \_\_\_\_\_  
Agency Agency Yes or No

Professional or Volunteer: \_\_\_\_\_ Years of Service: \_\_\_\_\_

[\[Section 3\]](#)

**Funeral Information**

Name of Funeral Home: \_\_\_\_\_ Casket or Urn: \_\_\_\_\_

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

Funeral Date: \_\_\_\_\_ Requested LAF Arrival Time: \_\_\_\_\_

Pick Up Address: \_\_\_\_\_  
Address City

Destination Address: \_\_\_\_\_  
Address City

Initial box to acknowledge you have read and understand the LAF terms & conditions of use for the services to be provided and agree to the terms of the agreement.

\_\_\_\_\_  
Signature Print Name Relationship to Deceased

**The completed form must be faxed or returned to the number or address below:**

**Last Alarm Foundation, Inc. ♦ P.O. Box 18408 ♦ Tucson Arizona 85731 ♦ Ph:(520) 305-1263 ♦ Fx:(520) 326-3591**  
501(c)3 / Non Profit Organization – Any Donation Will Be Graciously Accepted