

**Last Alarm Foundation, Inc.
Funeral Fire Truck Request Form**

Application Date: _____

Contact information for person requesting use of LAF fire truck

Name (person requesting truck): _____

Phone (person requesting truck): _____

Email (person requesting truck): _____

Family Contact information

Name (family contact): _____

Mailing Address (family contact): _____

Comments

Deceased Information

Name of Deceased: _____

Age: _____ Public Safety Affiliation: _____

City: _____ State: _____ Rank: _____
Agency Name

Line of Duty Death: _____ Professional or Volunteer: _____
Yes or No

Years of Service: _____

Funeral Information

Name of Funeral Home: _____

Contact Name at Funeral Home: _____

Phone at Funeral Home: _____ Casket or Urn: _____

Funeral Date: _____ Requested Truck Arrival Time: _____

Pick Up Address (include address and city): _____

Destination Address (include address and 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.

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**

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