

Fire Police Association of Berks County

"The Safety Unit of the Volunteer Firefighter"
Chartered February 7th 1938
www.berksfirepolice.com

Emergency Incident and Non-Emergency Event Request for Association Radios

EMERGENCY INCIDENT REQUEST FOR RADIOS AND EQUIPMENT:

(Radio Use is Restricted to Members of the Association and to Incident Command)

Immediately Request any or all of the following:

- () Radio Base Station
- () Hand Held Radio Units
- () 30' Antenna Tower and Mast Kit
- () Generator
- () Command Tent
- () Work Light

By Contacting:

Donald (Don) Bailey:

H) 484-616-1802 C) 484-955-2403

Alternate: Robert (Bob) Englebach:

H) 610-777-4827 C) 610-858-2577

Alternate: Peter Goda

H) 610-376-3807 C) 484-332-0126

NON-EMERGENCY EVENT: REQUEST FOR USE OF ASSOCIATION RADIOS

(Radio Use is Restricted to Members of the Association)

- Please accurately complete the entire 'Radio Request Form' found on the next page.
- Submit the form at least thirty (30) days prior to the event.
- Requests can be submitted at any regularly scheduled Association meeting or mailed to:

Fire Police Association of Berks County
Radio Request
P.O. Box 6952
Wyomissing, PA 19611

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RADIO REQUEST FORM

Name of Event: _____

Date of Event: _____

Location of Event: _____

Name of Requesting Group: _____

Address: _____

Name of Person in Charge of Radios: _____

Phone Number(s): _____

Fees – Check Applicable Group:

_____ Fire Company/Department, Emergency Services or Municipal Sponsored Event:
No Charge

_____ Non-Profit, Non-Commercial or Community Sponsored Event:
\$150.00 Refundable Deposit on the return of undamaged radio equipment plus
\$100.00 Non-Refundable Charge for up to seven (7) days of radio equipment use

_____ For-Profit Events:
\$150.00 Refundable Deposit on the return of undamaged radio equipment plus
\$200.00 Non-Refundable Charge for up to seven (7) days of radio equipment use

Radios are to be used by active members of the Fire Police Association of Berks County and/or Incident Command personnel as required.

Signature: _____ Date: _____