



Jason M. Lajoie
FIRE CHIEF

North Hampton
FIRE & RESCUE

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DETAIL REQUEST FORM

Date/Time of Detail: _____ Start _____ AM/PM End _____ AM/PM

Number of Firefighters/EMTs requested _____ Number of Paramedics requested _____

Fire Engine: YES/NO

Type of Event Detail:

Requested by: _____ Phone number: _____

Name of Organization:

Where to meet:

Billing Information:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Date submitted: _____ Time: _____ Received by: _____

___ Approved ___ Not Approved Fire Chief or Designee _____

*This form must be approved by the Fire Chief or his designee prior to being filled.

*All private details will be compensated on the basis of a four (4) hour minimum. Private details may be cancelled with four (4) hours notice to the department.

Requesting party signature: _____ Date: _____

Detail assigned to: _____