Request for Public Relations Event

Life Air, Inc.
729 Sixth Street
Portsmouth, Ohio 45662
(740) 354-6169 p
(740) 355-9109 f

SECTION I. to be completed by Life Air, Inc. personnel.

I. Life Air, Inc Representative Requesting Public Relations Event

Requestor Name (First)	Requestor Name (Last)	
Assigned Base/Department	Current Date	Requestor Contact Telephone Number

SECTION II. thru V. to be completed by orgnization requesting public relations event.

II. Organization Requesting Life Air, Inc. Public Relations Event

Name of Organization Requesting an Aircraft/MICU/PR Event		
Street Address		
City	State	Zip

Requesting Organization Point of Contact (First Name)	Requesting Organization Point of Contact (Last Name)	
Contact Telephone Number	Contact FAX Number	Contact e-Mail Address

III. Description of the Public Relations Event

Briefly Describe the PR Event:

Requested Equipment:	☐	Aircraft	☐	MICU	☐	Grill	☐	Other	
Requested Personnel:	☐	Pilot	☐	Nurse	☐	Medic	☐	Other	
Requested Classes:	☐	LZ Setup	☐	CPR	☐	First Aid	☐	Other	

Date of Public Relations Event	Time of Public Relations Event	Length of Public Relations Event *From* *To*

Request For Public Relations Event

IV. Location of Public Relations Event		
Street Address		
City	State	Zip
Latitude: **N**		
Longitude **W**		

V. Description of Landing Zone/Landing Area (*if helicopter is requested)*
Briefly describe the landing zone/landing area. Describe all obstacles surrounding the landing zone (i.e. trees, wires, towers, buildings, signs), vehicles and personnel which may be in the area, how the landing zone will be marked, any security (i.e. local FD/EMS, PD) which may be utilized to secure the landing zone, and any other pertinent information available.
If helicopter is requested, has the organization requesting the public relations event been provided with adequate lieterature regarding landing zone operations? ☐ YES ☐ NO

Requestor Signatures	
Life Air, Inc. Requestor Signature	Date
Organization Point of Contact Signature	Date

Approval Signature	
Approved By (First Name)	Approved By (Last Name)
Approved By Signature	Date