

Domino's Fire Prevention Week

(October 5 – 11)



Fire Safety Program Form

Fire Department Name:

Fire Department Address:

Fire Department Contact Name:

Fire Department Contact Phone Number:

Have you participated in this program before: Yes _____ No _____

Please check the following:

- Yes, I intend to participate in Domino's Fire Safety Program 2014
- No, I do not intend to participate in Domino's Fire Safety Program 2014

Time frame available for deliveries (Please note: we need specific dates and times of availability; We suggest, but you are not limited to, the time frame between 3 p.m. and 5 p.m.)

Please specify next to the day of the week what time frame would be most convenient for you:

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Number of deliveries you would like to do (we suggest one or two deliveries): _____

How did you hear about this program? _____

Please email the completed form to Jeannette.conklin@dominos.com.