



CITY OF KENNER

FIRE DEPARTMENT

MICHAEL J. GLASER
MAYOR

TERENCE N. MORRIS
FIRE CHIEF

SMOKEHOUSE DEMONSTRATION REQUEST FORM

DATE: _____

REQUESTOR'S NAME: _____

ADDRESS: _____

PHONE NO.: _____

REQUESTED LOCATION OF DEMONSTRATION:

LOCATION NAME: _____

LOCATION ADDRESS: _____

LOCATION TYPE: SCHOOL

DAYCARE

COMMUNITY EVENT

OTHER: _____

PLEASE SPECIFY

PREFERRED DATE OF DEMONSTRATION: _____

PREFERRED TIME: 9 A.M. – 11 A.M.

1 P.M. – 3 P.M.

6 P.M. – 8 P.M.