

Date Received:	Received By:

**REQUEST FORM**

**Contact Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address \_\_\_\_\_

Request for:  Presentation on Sanitary Permit requirements for temporary events

Health Education

**Temporary Event:**

*Name of Activity* \_\_\_\_\_

*Place* \_\_\_\_\_ *Date and Time* \_\_\_\_\_

*Length of Activity (days):* \_\_\_\_\_

**Health Education:**

*Name of Activity* \_\_\_\_\_

*Place* \_\_\_\_\_ *Date and Time* \_\_\_\_\_

*Health Presentation*      *Topic* \_\_\_\_\_

*Health Fair*      *Notes* \_\_\_\_\_

**Grade/Age Range of Audience**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <i>Preschool (age 4-5)</i>    | <input type="checkbox"/> <i>High School (grade 9-12)</i>  | <input type="checkbox"/> <i>College</i>        |
| <input type="checkbox"/> <i>Elementary (grade K-6)</i> | <input type="checkbox"/> <i>Middle School (grade 7-9)</i> | <input type="checkbox"/> <i>Professionals</i>  |
| <input type="checkbox"/> <i>Adults (age 19-55)</i>     | <input type="checkbox"/> <i>Older Adults (age 55+)</i>    | <input type="checkbox"/> <i>Mixed Audience</i> |

Please submit form via fax at 734-5556 or mail to Department of Public Health and Social Services, Division of Environmental Health, 123 Chalan Kareta, Mangilao, Guam 96913-6304, Attention: Cindy Naval, Supervisor, Administrative Support Services Section.