

Date Received:	Received By:

DIVISION OF ENVIRONMENTAL HEALTH REQUEST FORM

I. Contact Information

Name: _____ Title: _____

Agency/Organization: _____

Telephone Number: _____ Fax: _____

E-Mail: _____

II. Request For:

Presentation on Sanitary Permit requirements for temporary events.

Health Education

III. Temporary Event Information

Name of Activity: _____

Location: _____ Date and Time: _____

Length of Activity (Days): _____

IV. Health Education

Name of Activity: _____

Location: _____ Date and Time: _____

Health Presentation Topic: _____

Health Fair Theme: _____

V. Grade/Age Range of Audience

Preschool (age 4–5) Elementary (grade K-6) Middle School (grade 7-9)

High School (grade 9-12) College Adults (age 19-55)

Older Adults (age 55+) Professionals Mixed Audience

Please submit the form to Grace Bordallo, Administrator, Bureau of Program Support and Information via fax at 734-5556, via email at grace.bordallo@dphss.guam.gov, or at the Division of Environmental Health Central Office located on the 2nd floor of the Mangilao, Department of Public Health and Social Services.