

  
**Collier County**  
Administrative Services Department  
Bureau of Emergency Services Division

**BUREAU OF EMERGENCY SERVICES  
SPEAKING REQUEST AND TOUR FORM**

NAME OF ORGANIZATION: \_\_\_\_\_

PERSON REQUESTING: \_\_\_\_\_

POINT OF CONTACT: \_\_\_\_\_

LOCATION TO BE PRESENTING AT: \_\_\_\_\_

CONTACT INFORMATION:

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

APPROXIMATE NUMBER IN GROUP: \_\_\_\_\_

TIME ALLOCATION: \_\_\_\_\_

WILL THERE BE OTHER PRESENTERS: \_\_\_\_\_

DATE(S) REQUESTING: \_\_\_\_\_

AUDIENCE TYPE: \_\_\_\_\_

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Internal Use Only:

Speaking engagement assigned to: \_\_\_\_\_

Date assigned: \_\_\_\_\_

By: Director Dan Summers: \_\_\_\_\_

