

City of Helena
Request for Fire Station Tour



Submission Date: _____

1) Name & Contact Information for Requesting Person or Organization

Company Name: _____
Contact: _____
Street Address: _____
City, State, Zip: _____
Phone #: _____

2) Station Requested for the visit (circle 1)

Station 1

Civic Center
300 Neill Ave.
Helena, MT 59601

Station 2

East Side Station
650 Hannaford St.
Helena, MT 59601

3) Event Information

Date: _____
Alternate date: _____
Time: _____
of children: _____
of adults: _____
Event/Purpose: _____

4) Additional Notes

PLEASE NOTE:

- * Emergency response is our #1 priority and will remain so prior to or during any event.
- * Requests will be reviewed on a case-by-case basis.
- * Applicant will be contacted to confirm request prior to event date.
- * Alternate dates or times may need to be considered so please have them ready.

Submit Completed Request forms to:

Email: helenafiredepartment@helenamt.gov (preferred)
Mail: 300 Neill Ave. Helena MT 59601
Fax: 406-447-8467