OUTDOOR CANDLELIGHT VIGIL PERMIT:
Appendix 15.0

Name of the Group/Event:

Site Supervisor Contact Info:

Date of the Event:

Time of the Event:

Location:

Approximate Number of Attendees:

Approval to Use Space:

Number of Candles:

Placement:

Total Number of Extinguishers:

Emergency Phone: (215)573-3333

NOTE:  - Wet the wick down when finished using candle.
         - High winds and/or rain will require cancellation of candle usage.

_________________________________________  __________________________
Signature of Requestor  DATE

_________________________________________  __________________________
Signature – Fire and Emergency Services Safety Specialist  DATE