



Location Approval

Please fill out the information below with supervisor/Chief's signature if you are not a previously approved agency. For a list of approved agencies visit us on the web at:
http://az.willsforheroes.org/event_request.cfm

Name: _____

Rank: _____

Department: _____

Phone: _____

Email: _____

_____ has authorization to have a Wills for
Department name

Heroes' event for our first responders.

Signature Date

Name Rank

Fax completed form to 602-773-3135.

A WFH coordinator will contact you within a week to confirm information.
Thank you.