



REQUEST FOR POWER LINE HAZARDS AWARENESS DEMONSTRATION

Please Print

Contact Information:

Contact Person: _____
Contact Phone: _____ - _____ - _____ Ext.: _____ Email: _____
Mailing Address: _____ Apt./Unit #: _____
City: _____ State: _____ Zip: _____

Group to View Demonstration:

Name of Group: _____
Number of Attendees: Children: _____ Adults: _____

Demonstration Information:

Location / Address: _____
City: _____ State: _____ Zip: _____

1st Choice

2nd Choice

Date(s) Requested: _____
Preferred Time(s): _____ AM PM _____ AM PM

Comments or special request:

This form may be sent by mail or fax to: Training and Development, OC01
Santee Cooper
P.O. Box 2946101
Moncks Corner, SC 29461-2901
Fax: 843-761-4114