

# Forsyth County Fire Department Public Safety's

## TRUNK OR TREAT SAFETY EVENT

### APPLICATION

Business/Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Will you be providing a (check one): ☐ Trunk ☐ Booth

Please describe the type of business/organization and the children's activity to be provided at your trunk or booth:

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#### Forsyth County Fire Department - Trunk or Treat - Hold Harmless Agreement:

Forsyth County, and its agents, employees, and representatives thereof assume no liability or responsibility for injury or loss that may result to any exhibitor of his/her personal or corporate affects including goods that may occur on the premises or may arise under Trunk or Treat activities. Applicant further agrees, consents, and acknowledges to hold Forsyth County, its agents, employees, and representatives harmless for any such injury or loss. By signing below, I have read, understand, and accept the rules and information for Trunk or Treat, 2025.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT COMPLETED APPLICATIONS BY OCT. 3, 2025 TO:**

Forsyth County Fire Department, Attn: Erin Long  
3520 Settingdown Rd., Cumming, GA, 30028 or Email: [enlong@forsythco.com](mailto:enlong@forsythco.com)

