Brighton Fire Rescue District

500 South 4TH Avenue, 3rd Floor • Brighton, Colorado 80601

Telephone: (303) 659-4101 • Fax: (303) 659-4103 • Website: www.brightonfire.org

Application for Use of Community Room

(Please Print)

Date of Application: _____

Name of Organization Requesting Use: _____

Purpose of Request: _____

What activities are planned? _____

Will children under 18 be present? Yes ___ No ___ If so, will they be supervised? _____

How? (Please be specific):

_____

Will any kind of sound amplification be used during the meeting? Yes ___ No ___

Address of Organization: _____

_____

_____

Contact Person: _____

Contact Address: _____

_____ Fax _____

Contact Phone Number: _____ E-mail: _____

Date(s) Requested	Hours Requested	Anticipated Attendance
_____	_____	No more than 46
_____	_____	_____
_____	_____	_____

Is the organization: Governmental: _____ Quasi Governmental: _____ Civic: _____ Charity: _____

Other: _____ Explain: _____

Is the organization registered with the State of Colorado as a nonprofit? Yes ___ No ___

Tax Exempt Number: _____

I have received, read, understand, and signed the Community/Conference Room(s) Use Agreement ("Agreement," and I agree to abide by terms and conditions contained in the Agreement. I accept full responsibility of the Agreement.

_____ _____

Name of Applicant (Please Print) Signature of Applicant

FOR OFFICE USE ONLY

Approved? Yes ___ No Deposit Rec. Yes ___ No ___ Ins Rec.Yes____ No ____ Fees Rec. Yes___ No ___

Date Approved: _____ Approved by: _____

Checklist Received? Yes ___ No ___ Any unusual cleaning or damage? Yes ___ No ___

If yes, please document and attach documentation to application.

Visitor's Pass Deposit Refund? Yes ___ No ___ Amount of Refund: _____

Date Refunded: _____

Is Waiver Release Form signed? Yes ___ No ___

If reservation is cancelled:

Deposit Refund? Yes ___ No ___ Amount of Refund: _____

Date Refunded: _____