

## Facilities Rental and Use Agreement

Request for Fire Station #	Located at:
Group Requesting Use:	
Contact Person:	
Contact Phone:	Email:
Address:	
(Street Address, City, State, Zip Code)	
Date(s) Desired:	Day(s) of Week:
Will this be a recurring event?	
If yes, how frequently will the group listed above be using the Station? ( <i>I.e. Weekly, Monthly</i> )	
Begin Time: E	nd Time:
Type of Activity:	
Is there a charge for attending?	
If yes, how much per person? <u>\$</u>	

In case of cancellation please notify the District Office (360) 675-1131 If a key is required for the requested station, it must be returned to the District Office by the next business day. Failure to return the key will result in a \$75.00 key charge and termination of Facility Usage.

## <u>Please submit Rental Application to NWFR Administrative Office for</u> <u>approval prior to requested dates.</u>