



Organization Name _____

Contact Name (Applicant) _____

Designee Name (if other) _____

()

Contact Phone No. _____

Mailing Address _____

City _____

State _____

Zip _____

Requested Date(s) _____

Start Time _____

End Time _____

Activity Description

Administrative Station 21 (911 N 65th Ave, Ridgefield – capacity 40 **limited parking**)
 Dollar's Corner Station 26 (21609 NE 72nd Ave, Battle Ground – capacity 60)

Expected # of Persons _____

Requested Location _____

Special Request (attach additional documentation if necessary)

| | | |
|---|--|--|
| <input type="checkbox"/> Room Usage Fee \$160 per day | Paid: <input type="checkbox"/> Cash <input type="checkbox"/> Check Receipt No. _____ | <input type="checkbox"/> Invoice: PO No. _____ |
|---|--|--|

PLEASE ATTACH A COPY OF YOUR ORGANIZATION'S STATED PURPOSE OR PROOF OF NON-PROFIT STATUS

- A usage fee may apply to events lasting more than four (4) hours. Exceptions shall be authorized by the Chief or their designee.
- Outside food and/or beverages will not be consumed or served without written pre-approval from an authorized Department representative.
- I understand that Clark-Cowlitz Fire Rescue activities pre-empt all other usage and the Department reserves the right to cancel, on short notice if necessary, any scheduled event. Refund of any deposits or pre-paid fees will be dispersed within three business days.
- I accept full responsibility for any damage done to Department property and guarantee reimbursement to Clark-Cowlitz Fire Rescue for any associated costs.
- I understand the facility shall be maintained and restored to original condition and arrangement upon conclusion of the scheduled event at my –or my organization's – cost.
- Minors attending the event will have adult supervision at all times.
- Meetings will be concluded and the facility vacated and secured no later than 10:00 pm.
- I understand that alcohol, narcotics, and tobacco products of all kinds are strictly prohibited on Department premises.
- I understand that failure to comply with established Department policies may result in fees and/or loss of privileges of facility use.
- Guest organizations or individuals using the facility agree to protect and indemnify for costs, legal and other expenses, Clark-Cowlitz Fire Rescue, its Commissioners, Officers, and Agents from all claims, liabilities, or suits related to or arising from acts or omissions of such groups or individuals in connection with the use of the facility.

I have also read *Meeting Room Use Policy No. 550.10.02* and hereby agree to abide by the terms and conditions as outlined.

Applicant (Signature): _____

Applicant (Print): _____

Date: _____

Facility Coordinator (Signature): _____

Facility Coordinator/Title (Print): _____

Date: _____

Request Approved: Yes No Special Request Approved: Yes No Usage Fee: Yes No
FOR DEPARTMENT USE ONLY