



CENTRAL MAT-SU FIRE DEPARTMENT FACILITY USE REQUEST FORM



NAME:

EMAIL:

MAILING ADDRESS:

PHONE #'s: (day) (evening) (mobile) (fax)

ORGANIZATION NAME:

Please select if organization is non-profit *Non-Profit 501(C)3 Documentation is required*

ACTIVITY/COURSE DESCRIPTION:

COURSE DATE(S): COURSE TIME(S): # OF PEOPLE:

***NOTE* Approved Facility Use Request includes (1) hour set-up time and 30 minutes clean-up time.**

Select Appropriate Station, Location and Training Room(s):

- Station 61 - (101 W. Swanson Avenue) Training Room #1 Training Room #2 Both
- Station 62 - (4500 S. Mainsail Avenue) ***NOTE* Must be reviewed by Chief prior to approval**
- Station 65 - (680 N. Seward-Meridian Pkwy) Training Room #1 Training Room #2 Both

***NOTE* Please be sure to mark any additional equipment needed that is noted below
Additional Equipment is for MSB Use ONLY**

OTHER EQUIPMENT REQUESTED

STATION 61 (MSB Use ONLY)

- Digital Overhead Projector Speaker Mics
- DVD Kitchen Use Conference Phone

STATION 65 (MSB Use ONLY)

- Power-Point Projector

***NOTE* Submittal of this form does not guarantee approval or availability.**

Signature

Date

- Permit holder is responsible for any damages arising from the action of this permit, his employees, volunteers and patrons while using the Central Mat-Su Fire Department facilities and equipment.
- Permit holder shall defend, indemnify, and hold the Matanuska-Susitna Borough, its officers, employees and agents, harmless against any and all liability, loss expenses, including reasonable attorney's fees, or claims for injury or damages arising out of or connected with the performance of the agreement which are not the result of the sole gross negligence of the Matanuska-Susitna Borough.

**MATANUSKA-SUSITNA BOROUGH & SCHOOL DISTRICT
TULIP PROGRAM APPLICATION**

DATE OF APPLICATION: _____

NAME & TITLE OF PERSON APPLYING: _____

NAME OF ORGANIZATION: _____

ADDRESS OF ORGANIZATION/INDIVIDUAL: _____

TELEPHONE #: _____

DATE(S) / TIMES OF EVENT: _____

NAME OF FACILITY: _____

ANTICIPATED ATTENDANCE: _____

SELECT APPLICABLE HAZARD SCHEDULE # (Per Policy): **Hazard Schedule I**

TITLE OF EVENT: _____

DESCRIPTION OF EVENT: _____

MAT-SU BOROUGH & SCHOOL DISTRICT USE ONLY:

SUBMITTED BY:

PHONE #:

****THIS FORM MUST BE FILLED OUT COMPLETELY TO ISSUE CERTIFICATE****

**WHEN COMPLETED, PLEASE RETURN
APPLICATION & CHECK (If applicable) TO:**

**Central Mat-Su Fire Department
101 West Swanson Avenue
Wasilla, Alaska 99654
Phone (907) 861-8040
Fax (907) 376-9252**

**Make Checks Payable to: Mat-Su Borough
Reference Revenue Acct #: 100-000-000-341-900**