



# Brighton Fire Rescue District

500 South 4<sup>th</sup> Avenue, 3<sup>rd</sup> 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/Individual 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): \_\_\_\_\_

Would you like a station tour during the use of the room? Yes \_\_\_ No \_\_\_  
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 48
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is the organization: Governmental: \_\_\_ Quasi Governmental: \_\_\_ Civic: \_\_\_ Charity: \_\_\_ Other: \_\_\_  
Explain: \_\_\_\_\_

**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

Is Agreement Form signed? Yes \_\_\_ No \_\_\_  
Approved? Yes \_\_\_ No \_\_\_ Deposit Rec. Yes \_\_\_ No \_\_\_ Ins Req? Yes \_\_\_ No \_\_\_ Fees Rec. Yes \_\_\_ No \_\_\_  
Date Approved: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Station Tour Requested? Yes \_\_\_ No \_\_\_ If yes, refer to Public Safety Educator  
Any unusual cleaning or damage? Yes \_\_\_ No \_\_\_ If yes, please document and attach documentation to application.  
Security Deposit Refund? Yes \_\_\_ No \_\_\_ Amount of Refund: \_\_\_\_\_ Date Refunded: \_\_\_\_\_

### **If reservation is cancelled:**

Deposit Refund? Yes \_\_\_ No \_\_\_ Amount of Refund: \_\_\_\_\_ Date Refunded: \_\_\_\_\_