

**CASCO FIRE STATION  
USE OF FACILITIES  
APPLICATION FORM**

1. **Date of Application:** \_\_\_\_\_ (*Must be two weeks prior to date of use*)

2. **Organization/Group:** \_\_\_\_\_

a. Person Responsible: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Telephone Number: \_\_\_\_\_

d. E mail address: \_\_\_\_\_

3. **Area Requested: (Circle)**

Upstairs Meeting Room      Downstairs Meeting Room      Kitchen

4. **Description of Use:**

a. *Be specific* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. *Date/time(s)*

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

c. *Number of people involved:*

Participants: \_\_\_\_\_

d. *Is insurance certificate provided?* Yes \_\_\_\_\_ No \_\_\_\_\_

Attach copy

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**3. Admission Charge or other fees:**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**REQUEST WILL NOT BE CONSIDERED WITHOUT APPLICANT'S SIGNATURE!**

I represent the above-named organization/group and take responsibility for the activities and participants as described. I have read and understand the attached Central Station Facilities Use policy and agree to comply with its terms and the provisions stated above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**6. TO BE COMPLETED BY FIRE DEPARTMENT OFFICER:**

**Estimated Charges:**

CUSTODIAL: \_\_\_\_\_

SPACE: \_\_\_\_\_

OTHER: \_\_\_\_\_

**KEY#** \_\_\_\_\_

**RETURNED KEY (Date)** \_\_\_\_\_

**DEPOSIT** \_\_\_\_\_ **CHECK #** \_\_\_\_\_

**Comments/Requirements:** \_\_\_\_\_

**8. FINAL APPROVAL:**

\_\_\_\_\_  
**FIRE DEPARTMENT OFFICER'S SIGNATURE:**

\_\_\_\_\_  
**DATE**