



# Greater Brighton Fire Protection District

425 South Main Street • Brighton, Colorado 80601  
Telephone: (303) 659-4101 • Fax: (303) 659-4103 • Website: www.gbfpd.org.

## Application for Use of Community Room

(Please Print)

Date of Application: \_\_\_\_\_

Name of Organization 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): \_\_\_\_\_

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
_____	_____	<u>No more than 46</u>
_____	_____	_____
_____	_____	_____

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

Other: \_\_\_ Explain: \_\_\_\_\_

Is the organization registered with the State of Colorado as a nonprofit? Yes \_\_\_ No \_\_\_

Tax Exempt Number: \_\_\_\_\_

**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

Approved? Yes \_\_\_ No \_\_\_ Deposit Rec. Yes \_\_\_ No \_\_\_ Ins Rec. Yes \_\_\_ No \_\_\_ Fees Rec. Yes \_\_\_ No \_\_\_

Date Approved: \_\_\_\_\_ Approved by: \_\_\_\_\_

Checklist Received? Yes \_\_\_ No \_\_\_ Any unusual cleaning or damage? Yes \_\_\_ No \_\_\_

If yes, please document and attach documentation to application.

Visitor's Pass Deposit Refund? Yes \_\_\_ No \_\_\_ Amount of Refund: \_\_\_\_\_

Date Refunded: \_\_\_\_\_

Is Waiver Release Form signed? Yes \_\_\_ No \_\_\_

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

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

Date Refunded: \_\_\_\_\_