



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 65<sup>th</sup> Ave, Ridgefield – capacity 40 **with limited parking availability**)

La Center Station 23 (414 E Cedar, La Center – capacity 24)

Dollar's Corner Station 26 (21609 NE 72<sup>nd</sup> Ave, Battle Ground – capacity 60)

Expected # of Persons \_\_\_\_\_ Requested Location \_\_\_\_\_

Special Request (attach additional documentation if necessary)

<input type="checkbox"/> Coffee Service \$10/pot Qty Requested: Reg __ Decaf __	<i>(Coffee service includes cups, sugar, creamer, and a refillable hot water dispenser with a variety of teas)</i>	<input type="checkbox"/> 20oz Bottled Water \$0.50/ea Qty Requested: __
<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.
- I understand that beverage services are only available at Administrative Station 21 and requests shall be confirmed at the time of reservation.
- Outside food and/or beverages will not be consumed or served without written pre-approval from an authorized Department representative.
- I understand that Clark County 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 County 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 p.m.
- 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 County 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**