



CENTRAL MAT-SU FIRE DEPARTMENT FACILITY USE REQUEST FORM



<http://www.maxsolutionsonline.com/matsu-emergencyservices/Custom/ MonthlySchedule.aspx>

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: Your approved 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** - (Mile 7 KGB Rd): **Training Room** **Live Burn Tower** **With Burn** **No Burn**
- Station 64** - (18297 W. Point Mackenzie Rd) **Training Room**
- Station 65** - (680 N. Seward-Meridian Pkwy): **Training Room #1** **Training Room #2** **Both**

NOTE: For Users paying \$30 Facility Set-Up, select appropriate Training Room Configuration.

- Classroom** **Assembly** **U-Shape** **Mini-Conference** **Diagonal** **Hollow Square**

OTHER EQUIPMENT REQUESTED

STATION 61

- Smart Board** **Digital Overhead Projector** **Speaker Microphones**
- VCR/DVD Player** **Kitchen Use** **Coffee Service** **Facility Set-Up**

STATION 62 & STATION 65

- Power-Point Projector** **Overhead Projector (transparencies)** **TV/VCR/DVD**
- 35mm Slide Projector** **Kitchen Use (Station 62 ONLY)** **Coffee Service (Station 65 ONLY)**

Signature

Date

1. 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.
2. Permit holder shall defend, indemnify, and hold the Matanuska-Susitna Borough, it's 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): _____

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) 373-8826 or (907) 373-8830
Fax (907) 376-9252**

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