

# Request for MPR Use

Division: Administrative

Scope: ALL USERS

CENTRAL KITSAP FIRE & RESCUE

FORM #1016

NAME (applicant) \_\_\_\_\_ CONTACT PHONE \_\_\_\_\_

ADDRESS (applicant) \_\_\_\_\_

NAME (Legal name of organization) \_\_\_\_\_

ADDRESS (Legal address of organization) \_\_\_\_\_

DATE \_\_\_\_\_ HOURS \_\_\_\_\_ MPR REQUESTED \_\_\_\_\_ STATION 41  
\_\_\_\_\_ STATION 56

ANTICIPATED # OF PARTICIPANTS \_\_\_\_\_ ANTICIPATED # OF PARKING SPACES NEEDED \_\_\_\_\_

MEETING DESCRIPTION: \_\_\_\_\_

**Meeting rooms are not to be used for sales, solicitation, fundraising, parties or for-profit business**

## **AGREEMENT:**

The undersigned hereby makes application to Central Kitsap Fire & Rescue for use of District facilities, and certifies the application is correct. The undersigned further agrees that he/she meets the eligibility requirements outlined on *Form 1016C Public MPR Use Eligibility Requirements* and agrees to observe all rules outlined in the District's *Form 1016B Multi-Purpose Room (MPR) Guidelines*.

\_\_\_\_\_ (Initial) I have received Form 1016B and Form 1016C as outlined above.

- The Applicant and its organization, jointly and severally, agree to exercise the utmost care in the use of the District facilities, **and hereby agree to hold Central Kitsap Fire & Rescue harmless from all liabilities resulting from its use of said facilities.**
- The Applicant and its organization, jointly and severally, agree further to reimburse Central Kitsap Fire & Rescue for any and all damages arising from the Applicant's use of District facilities.
- The Applicant and its organization, jointly and severally, agree to accept the responsibility of setting up and cleaning of the facility used, leaving it in its original condition.
- The Applicant and its organization understand that this reservation may be canceled (even at the last minute) should the Fire District warrant cancellation. If this unlikely incident occurs, a District representative will call the applicant.
- The Applicant and its organization understand that they must adhere to any instructions given by the District's on-duty officers.

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

## OFFICE USE ONLY

\_\_\_ APPLICATION APPROVED      \_\_\_ APPLICATION DENIED – REASON: \_\_\_\_\_

KEY# \_\_\_\_\_ ISSUED TO: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_ BY: \_\_\_\_\_  
(Initials)

KEY# \_\_\_\_\_ RETURNED:    IN-PERSON    DROP BOX    DATE/TIME: \_\_\_\_\_ BY: \_\_\_\_\_  
(Initials)

LOST: \_\_\_\_\_

