

# La Grande Fire Department

1806 Cove Avenue ~ La Grande, OR. 97850 ~ 541-963-3123 ~ www.cityoflagrande.org

**Date Submitted:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Application for Use of La Grande Fire Department Training Room

This application, when properly filled out, approved and signed by the Fire Chief shall constitute an Agreement to use the Training Room for the times and purposes described below. Applicant agrees to abide by the terms of the Policies and Guidelines for use of the Training Room.

La Grande Fire Department Training Room	Applicant: Group, Organization or Agency:	
Address (or other description) 1806 Cove Ave., La Grande, OR. 97850	Type of Activity/Event:	
Date(s) Requested: _____/_____/_____ &/to ____/____/_____  _____/_____/_____ &/to ____/____/_____	Name of Title of Activity/Event:	
	Additional Information:( i.e., are you serving food)	
Time(s) including set-up and clean-up Arrive: _____ Leave: _____	Representative (print name)	
Number of Attendees (if unsure give approximate number) _____	Signature of Applicant	
Open to Public Yes _____ No _____	Address	
	City	State Zip Code
On Site Contact Person and Contact Number  ( )	Telephone  ( )	e-mail address
<b>SPACE BELOW FOR LA GRANDE FIRE DEPARTMENT USE ONLY</b>		
Application Received by:		(Department Member Print Name)
Audio/Visual Equipment Needed: Yes _____ No _____	Table and Chairs Needed Tables _____ Chairs _____	
<b>Approved:</b> _____	<b>Rejected:</b> _____	<b>Date:</b> ____/____/____

Signature of Fire Chief: \_\_\_\_\_