

## Building/Equipment Use Request

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

Name of organization: \_\_\_\_\_

Type of activity: \_\_\_\_\_

Name of person responsible for this event: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

EMCA member: yes / no

Facilities/equipment requested: \_\_\_\_\_

Date/s and time/s requested for facilities: \_\_\_\_\_

Number of Attendees: \_\_\_\_\_

If refreshments to be served, please give details:

\_\_\_\_\_

\_\_\_\_\_

Date/s and time/s requested for equipment use: \_\_\_\_\_

Date/time to be returned: \_\_\_\_\_

I agree to comply with the rules for the use of East Moriches Community Ambulance facilities and equipment. Admission fee is not to be charged. I will respect the building and property, and I will clean areas and equipment used. Equipment will be returned within twenty four hours.

\_\_\_\_\_  
Signature of applicant

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Director/ President: \_\_\_\_\_