

FRTC Usage Request Form

Person completing this form:					
Email:		Phone:	(H)		(C)
Requesting agency(s):					
Date of request		Requested date(s) of use			
Time of requested facility usage		Start Time:			End Time:
Lead Instructor				Email	
Will live fire training in the fire facility be included in the activity?				Yes _____	No _____
Description of planned activity:					
Areas of usage (mark all that apply)		Live fire building _____	Dumpster fire props _____		
		Vehicle fire area _____	Compressed tank props _____	Auto extrication area _____	
		Foam application _____	Smoke generator _____	No live fire will be conducted _____	
Skills Prop(s) use of the live fire building: (list) _____					

Other: _____					
Number of anticipated students:				Number of anticipated instructors	
Is classroom space needed?		Yes _____	No _____	If so, times:	Start: _____ End: _____
If so, what AV equipment is needed?					
Will food or drinks be served?		Yes _____	No _____		

A "FRTC Usage Confirmation" indicating confirmation of usage of the facility, with or without limitations as well as denial of usage and reasons will be sent back via email to the individual submitting the form. Any group submitting a FRTC Usage Request Form who does not receive confirmation should assume their usage request was not received and contact the Denison Fire Chief.

