

COLUMBIA COUNTY
EMERGENCY SERVICES TRAINING CENTER

FACILITY USE REQUEST FORM

Date Request Made: _____
Agency: _____
Address: _____

Required Proof of Physicals on file at Coordinators Office? YES ___ NO ___

Person Making Request: _____ Phone Number (____) _____
Date(s) Requested: _____ Time(s) _____
Activity (Be Specific) _____

Center Facilities to be used:

_____ Burn Room _____ Tower _____ Confined Space Tank
_____ Smoke Maze _____ Grounds
_____ Other : Please Describe - _____

Officer / Instructor In Charge During Use:

I hereby certify that I am familiar with and will adhere to all regulations and guidelines associated with the use of the Columbia County Emergency Services Training Center.

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FOR COORDINATORS OFFICE USE ONLY

_____ REQUEST APPROVED (_____)
_____ REQUEST DENIED (_____)

Reason : _____

Requests ***must*** be submitted ***one month prior to date of use***

**Office of the Fire Coordinator
610 State Street**

**SEND OR FAX REQUEST TO: Hudson, New York 12534
FAX 518-828-2790**

R'vs'd – October 2007

