

**COLUMBIA COUNTY
EMERGENCY SERVICES TRAINING CENTER**

FACILITY USE REQUEST FORM

OFFICER SUBMITTING & SIGNING REQUEST MUST HAVE TAKEN THE TOWER TRAINING COURSE AND BE IN ATTENDANCE WHILE USING THE FACILITY

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 have taken the Tower Training Course and will be present to supervise intended evolution and adhere to all regulations and guidelines associated with the use of the Columbia County Emergency Services Training Center.

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
85 Industrial Tract
Hudson, New York 12534
FAX 518-828-2790

SEND OR FAX REQUEST TO:

R'vs'd - January 2010