

Washington County Division of Emergency Services Training Facility Request for Use

Name of Person Making Request (printed)	Title	Today's Date	Initials of Requestor
Agency Representing	Address (printed) CITY, STATE, ZIP		
Telephone-Home	Telephone-Work	Telephone - Cell	Telephone - Other
Will you need to leave equipment overnight	Estimated number of people	Estimated time for setup	Estimated time for takedown

Training Room Usage Guidelines

- | | |
|---|--|
| <input type="checkbox"/> Return tables and chairs to original location.
<input type="checkbox"/> Clean floor as necessary.
<input type="checkbox"/> Erase and clean dry erase board as necessary.
<input type="checkbox"/> Turn off multimedia projector if used.
<input type="checkbox"/> Turn off lights.
<input type="checkbox"/> Ensure exit door is locked. | <input type="checkbox"/> Straighten up tables and chairs.
<input type="checkbox"/> Clear desktops, place trash in receptacles.
<input type="checkbox"/> Clean coffee pot if used.
<input type="checkbox"/> DO NOT WRITE ON SMART BOARDS. |
|---|--|

Training Room Requested Dates & Times

Date: _____	From/To Time: _____	Total Hours Requested: _____
Date: _____	From/To Time: _____	Total Hours Requested: _____
Date: _____	From/To Time: _____	Total Hours Requested: _____
Date: _____	From/To Time: _____	Total Hours Requested: _____
Date: _____	From/To Time: _____	Total Hours Requested: _____

Training Room Equipment Needed / Special Requests

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Multimedia Projector | <input type="checkbox"/> Dry Erase Boards with Markers | <input type="checkbox"/> Smart Board |
| <input type="checkbox"/> Projection Screen | <input type="checkbox"/> Audio with Amplifier | <input type="checkbox"/> Other |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Internet Access | <input type="checkbox"/> Other |

Additional Comments or Requests

Requesting Individual Verification

I understand that I will be responsible for the condition of the room and equipment during the times indicated above. I further understand that I am responsible for the return of the room setup to its original condition as outlined under the Training Room Usage Guidelines. I understand that scheduling and use of the Washington County Emergency Services Training Facility is subject to review and approval. I understand that failure to follow these rules could result in future usage being denied. I understand that the agreement may be revoked in times of Emergency Operation Center activation.

Applicant Printed Name _____ Applicant Signature _____ Date _____

For Department Use Only

Date Request Received:	Request Reviewed By/Date	Date Posted in Outlook	Room left in good condition <input type="checkbox"/> Yes <input type="checkbox"/> No
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