



SHORELINE FIRE DEPARTMENT

Public Meeting Room Agreement

The needs of the Shoreline Fire Department and other fire and EMS-related functions have priority for meeting rooms.

Name of Organization: _____

Purpose of Meeting: _____

Contact Person: _____

Person Responsible for Meeting: _____

Phone Number: _____

Fax: _____

E-mail: _____

Billing Name and Address: _____

FACILITY REQUESTED

- STATION 61 17525 Aurora Avenue North Capacity = 60
- STATION 64 719 North 185th Street Capacity = 20
- STATION 65 145 NE 155th Street Capacity = 20

DATE AND TIME

Single Use: Date: _____ Start Time: _____ End Time: _____

Weekly Use: MON TUE WED THUR FRI SAT SUN

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

Monthly Use: MON TUE WED THUR FRI SAT SUN

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

Estimated # of Attendees: _____

Special Requests: _____

I understand and agree to the conditions of the attached Shoreline Fire Department Public Meeting Room Guidelines. I also certify that the information given is true and correct.

Signature: _____ Date: _____

FOR SHORELINE FIRE DEPARTMENT STAFF USE ONLY

Approved: Yes No Does not meet SFD guidelines

Fee Waived: Yes No

Department Signature: _____ Date: _____

The Shoreline Fire Department reserves the right to deny or suspend usage by any group that does not abide by the stated guidelines.

FOR SHORELINE FIRE DEPARTMENT STAFF USE ONLY

FEES (1-hour minimum charge)

Damage Deposit: \$ 100.00

Payment Received By: _____

Number of hours: _____

Check #: _____

Station 61 - \$20/hr. _____

Date: _____

Station 64 - \$10/hr. _____

Station 65 - \$10/hr. _____

Total Paid: _____

FEES WAIVED:

Comments: _____

KEY

Key Picked Up By: _____

Date: _____

PRE-MEETING WALK-THROUGH

No damage noted:

Damage noted:

Comments: _____

Department Signature: _____

Date: _____

Applicant's Signature: _____

Date: _____

(if available)

POST-MEETING WALK-THROUGH

No damage noted:

Damage noted:

If damage noted: Cost to Repair: _____

plus

Staff Costs: _____

List Damage: _____

Department Signature: _____

Date: _____

Applicant's Signature: _____

Date: _____

(if available)

FOR SHORELINE FIRE DEPARTMENT STAFF USE ONLY - after the meeting

Key Returned: Yes No

Deposit Returned: Yes No

Date Returned: _____ Amount: _____

Deposit \$ 100.00

Via: In-Person

Damage/Cost to Repair (minus) _____

U.S. Mail

Staff Costs (minus) _____

Lost Key Fee \$100 (minus) _____

TOTAL TO BE REFUNDED _____

TOTAL TO BE BILLED _____

Date Invoice Sent: _____ Amount: _____

If mailed, to whom: Name: _____

Address: _____

Department Signature: _____

Date: _____