



Serving the communities of
Shoreline, Woodway, Kenmore
and Lake Forest Park

SHORELINE FIRE DEPARTMENT

Meeting Room Request

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:	Fax:	E-mail:
Address:		
FACILITY BEING USED		
STATION 51 Meeting Room	7220 NE 181 st Street Kenmore, WA 98028	Room Capacity: 39 (½ room) 78 (full room) Room Size: Approx. 45' x 30'
DATE AND TIME		
Date(s):	Start Time:	End Time:
Estimated # of Attendees: <input type="text"/>	Special Requests:	
<i>I understand and agree to the condition of the attached Shoreline Fire Department Meeting Room Guidelines. I also certify that the information given is true and correct.</i>		
Signature:	Date:	
FOR SHORELINE FIRE DEPARTMENT STAFF USE ONLY		
Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Does Not Meet SFD Guidelines
Fee Waived:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

Damage Deposit: \$ 50.00 Payment Received By: _____

FEES ALWAYS WAIVED FOR STATION 51

Comments (include if damage deposit was check or cash):

PRE-MEETING WALK-THROUGH

No Damage Noted Damage Noted

Comments:

Department Signature: _____ Date: _____

POST-MEETING WALK-THROUGH

No Damage Noted Damage Noted

If Damage Noted, Cost to Repair: _____ *plus* Staff Costs: _____

List Damage and take Photos:

Department Signature: _____ Date: _____

FOR SHORELINE FIRE DEPARTMENT STAFF USE ONLY – after the meeting

Deposit: \$ 50.00

Damage/Cost to Repair: *(minus)* \$ _____

Staff Costs: *(minus)* \$ _____

TOTAL TO BE REFUNDED: \$ _____

TOTAL TO BE BILLED: \$ _____

Deposit Returned? Yes No Date Returned: _____ Amount: \$ _____

Returned to: Name: _____

Via Mail or In Person Address: _____

Department Signature: _____ Date: _____