

CAYUGA COUNTY FIRE TRAINING CENTER

RESERVATION REQUEST

Original Request Change Request Cancellation Request

Requesting Department/Organization: _____

Date of Request: _____ Requesting Person: _____

Number Attending: _____ Date Needed: _____ Start: _____ End: _____

Contact Person: _____ Telephone No. _____

Description of Drill: _____

Number and Type of Equipment: _____

Mutual Aid Departments attending (list): _____

EMS provided: Yes No Number of EMTs _____

Ambulance provided: Yes No

Check Areas Being Utilized

Drafting/Water Supply

Tower

Classroom

Roof Simulator

Live Burn

Smoke Machine

Department Training Officer Assigned to Training Evolution: _____

FD Officer Signature _____, Title _____ Date: _____

Host Department Chief's phone number _____

For Office Use Only

Authorized Signature: _____, Date: _____

Certificate of Insurance on file