BUILDING USE REQUEST

Durham Ambulance Inc.
P.O. Box 99
East Durham, New York 12423
Phone: 518-239-6100

By signing this form below, I accept the terms of the Durham Ambulance Inc. Building Use Policy. I also understand that I will be fully responsible for any damages incurred during the use of the building for the requested function.

Please Print

Agency of Person(s) requesting building use: _____

Mailing Address: _____

E-Mail Address: _____

Date & Time building use is requested: _____

Alternative Date & Time: _____

Contact Phone Number: _(_____)_____—_____

Function/Reason for Request: _____

_____

Signature of Requester: _____

Date: ___ / ___ / _____

Deposit or Fee will be collected after Board of Directors Approval.

Official Use Only

Date Received: ___ / ___ / _____
Name of Request Recipient (Print): _____
Signature of Request Recipient: _____

Board of Directors Use Only

Approval
- ❑ Approved
- ❑ Denied

Deposit or Fee Received
- ❑ *Yes*
- ❑ *No*
- ❑ *Waived*