

LOS ANGELES FIRE DEPARTMENT

Application for use of Community Room

THIS IS NOT A PERMIT

Please print legibly and fill in all areas.

Fire Station # _____ Community Room

Section 1

1. Name of Organization: **LAFD CERT**
2. Name of Representative: _____
3. Street Address: _____

4. Telephone: Bus: _____ Residence _____
Cell _____ FAX: _____
Email _____

EVENT INFORMATION

- Check Day: Sun__ Mon__ Tue__ Wed__ Thur__ Fri__ Sat__
5. Date(s): _____
Time: **From** _____ **to** _____
 6. Type of event (Describe in Detail, using other side if necessary)

 7. No. of participants expected _____
 8. Will refreshments be served? Yes____ No____
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SECTION 2

9. Is your organization insured? Yes__X__ No____

Name of Insurance Company/Agent: **Los Angeles Fire Dept.**
Phone Number: **213-893-9840**