MOUNT LAUREL
FIRE DEPARTMENT

Est. 1953
69 Elbo Lane
Mount Laurel, NJ 08054
Tel: (609) 234-6053
Fax: (609) 234-3756

U S E O F F A C I L I T Y R E Q U E S T F O R M

FACILITY REQUESTED:	[ ] HEADQUARTERS [ ] MASONVILLE	[ ] FELLOWSHIP [ ] BIRCHFIELD
NAME OF REQUESTOR or ORGANIZATION:		
ADDRESS OF REQUESTOR:		
POINT OF CONTACT:		PHONE #:
REQUESTED DATE(s):		TIME PERIOD: _____ to _____

DESCRIPTION OF PLANNED ACTIVITY:

_____

_____

NUMBER OF PEOPLE EXPECTED TO ATTEND:		
WILL FOOD BE SERVED OR PREPARED? (circle)	YES	NO
WILL FUND RAISING OR A RAFFLE BE HELD? (circle)	YES	NO
WILL ANYONE UNDER 21 BE PRESENT? (circle)	YES	NO
WILL ENTERTAINMENT BE PROVIDED? (circle)	YES	NO
WILL TICKETS / ADMISSION BE CHARGED? (circle)	YES	NO

IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN HERE:

_____

_____

(ADD AN ADDITIONAL PAGE IF NECESSARY)

R E Q U I R E D S I G N A T U R E S

ORGANIZATION REPRESENTATIVE:	DATE SUBMITTED:
FIRE COMPANY SPONSOR:	DATE:

F O R O F F I C E U S E O N L Y

APPROVED or DENIED BY BOARD OF FIRE COMMISSIONERS ON ___/___/___

SIGNED:	TITLE:	DATE: