

Kootenai County Fire & Rescue

Administration Office

JOE DOELLEFELD TRAINING CENTER FACILITY USE REQUEST FORM

1590 E. Seltice Way
Post Falls, ID 83854
Tel: 208-777-8500
Fax: 208-777-1569
www.kootenaifire.com

Applicant's Full Name: _____

Organization: _____

Address: _____ City: _____ Zip: _____

Home No.: _____ Work No.: _____ Cell No.: _____

Type of Organization: Gov't. Agency Service Org./Non-Profit (No paid staff) Other _____

Facilities: Joe Doellefeld Training Center

- Axe Room Pike Pole Conference Room Grounds/Props
 Parking Rear Side Front

Date(s) of Use: _____

Time Requested: From _____ a.m./p.m. To _____ a.m./p.m. (8:00 a.m. to 10:00 p.m. only)

Utility Fee*: \$50 per day **or** \$10 per hr. x _____ hours = \$ _____

*(these fees are to cover the cost of basic utilities and cannot be waved.)

Use Fee Schedule: Pike Pole Conference Room \$100 base /\$75 hour: _____ hours = \$ _____

Axe Room \$50 base /\$35 hour: _____ hours = \$ _____

Cleaning Fees (non-refundable): Axe room \$50 (Occupancy: 125) Pike Pole Conference Room \$100 (Occupancy: 426)

Damage Deposit & Access card key (refundable): \$250.00

Type of Activity: Meeting Training Other (please specify) _____

Estimated # in Attendance: _____

Complete Description of Event: (Please fill out "Facility Set-up Questioner"): _____

This applicant and /or the above organization and all members thereof, hereby waive(s) all rights to challenge in any way or make a claim for any loss, liability, injury or damage against Kootenai County Fire & Rescue, its officials, officers, and all other personnel arising out of the use of the District property or activities pursuant to this Facility Use Request; and further agrees to indemnify and save free and harmless the District, its elected officials, officers and all other personnel from any claims, liability or loss occasioned as the result of injury or death to persons or damage to property arising out of the use of said property or activity pursuant to this Facility Use Request. I/we agree to comply with all District Facility Use policies and regulations.

I have received, read and understand the Facility Use Policy and Agreement.

Applicant Signature _____

Date _____

..... For Office Use Only

Approved: Yes No

By: _____

Access card: Yes No

Signature of Fire Chief/Deputy Chief/Division Chief of Administration

Signature of Responsible who picked up card

Date card returned

- \$50 cleaning charge for Axe Room \$100.00 cleaning charge for Pike Pole Conference Room
 \$250.00 deposit damage & access card key Yes No N/A Deposit Returned: Yes No