Parma Rural Fire Protection District

USE OF THE DISTRICT PROPERTY

This form must be filled out and submitted before approval will be given for you for use of District Property

Name of individual and/or Association _____

The Event _____

Date _____

Time in and Time Out _____

What area of the District Property do you want to use? _____

Alcohol control -

License _____

Insurance _____

Co-insuring Parma Fire (Certificate is attached Yes ☐ No ☐

Portable Restroom Facilities Yes ☐ No ☐

Traffic control - Communicated with Fire Chief Yes ☐ No ☐

Liability Insurance

Co-insuring Parma Fire (Certificate is attached Yes ☐ No ☐

Date Clean up will be complete _____

Communicated with Fire Chief and/or Deputy Fire Chief

For non-interference with Fire Vehicles Yes ☐ No ☐

Contact information - Person Responsible

Name _____

Address _____

Phone Number _____

Would you like to make a donation to the Parma Fire Burn-out Func Yes ☐ No ☐

Signature of Person Responsible for Compliance _____

Dated: _____