

Facility Use Reservation Form

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Requesting Organization Station Number

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Station Address

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City State Zip Code

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Contact Person Phone Number

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E-Mail Address

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Requested Use Start Time End Time

**AREA OR PROP BEING REQUESTED:**

- |   |   |
|---|---|
| <input type="checkbox"/> Tactical Burn Building | <input type="checkbox"/> Car Fire Simulator         |
| <input type="checkbox"/> Smoke Maze             | <input type="checkbox"/> Propane Fire Simulator     |
| <input type="checkbox"/> Drill Tower            | <input type="checkbox"/> Flammable Liquid Pit       |
| <input type="checkbox"/> Vehicle Rescue Pad     | <input type="checkbox"/> Extinguisher Training Prop |
| <input type="checkbox"/> Vehicle Rescue Trailer | <input type="checkbox"/> Roof Simulator             |
| <input type="checkbox"/> Drafting Pit           | <input type="checkbox"/> EVOG Course                |
| <input type="checkbox"/> Confined Space Area    | <input type="checkbox"/> Forcible Entry Simulators  |
| <input type="checkbox"/> Trench Rescue Area     | <input type="checkbox"/> Lock Board Props           |
| <input type="checkbox"/> Trench Rescue Trailer  | <input type="checkbox"/> Mannequins                 |
| <input type="checkbox"/> Air Cascade Trailer    |   |

**ANY ADDITIONAL NEEDS REQUESTED:**

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**How to Submit Form:**



Fax Form to:  
**(717) 537-4196**



E-Mail Form to:  
**[DGribble@co.lancaster.pa.us](mailto:DGribble@co.lancaster.pa.us)**

*A Minimum of Three (3) Weeks  
Notice is HIGHLY Recommended.*

If your reservation is for a portion of a state-certified course being held at your station, please list the course and lead instructor below.

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Course

\_\_\_\_\_

Lead Instructor