

CEDAR MOUNTAIN FIRE PROTECTION DISTRICT  
Facility Use Permit

Organization: \_\_\_\_\_

Date/Time Requested: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Age Range of Participants: \_\_\_\_\_

I, \_\_\_\_\_, understand that I am accepting  
(Print Name)  
responsibility for the conduct of the organization indicated above, the condition of  
CMFPD facilities and will abide by the policies of CMFPD regarding use of the facility.

(Refer CMFPD Policy & Procedure III-E-101).

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
(CMFPD Chairman or Designee)

Deposit Required: \_\_\_ Yes \_\_\_ No \$ \_\_\_\_\_ Date of Deposit: \_\_\_\_\_

Date Deposit Refunded: \_\_\_\_\_