



FIRE & EMS REQUEST FOR EVENTS ON/OFF CAMPUS

Sponsor: _____

Contact Person: _____

Phone Number: _____ Alt. Phone Number: _____

Mailing Address: _____

Type of Event: _____

Event Location: _____

Date: _____ Starting Time: _____ Ending Time: _____

Estimated Attendance: _____ Alcohol: Yes No

Location Atmosphere: Indoor Outdoor Outdoor Covered

The individual making this request assumes individual responsibility for the payment in full within thirty (30) days of the event. Estimated date of payment: _____

If the agreeing party misrepresents this event or its attendance in any way the sponsor will be responsible for any additional support cost.

* I have received a copy of this request form with the estimated costs projected.

Signed: _____ Date: _____

Witness: _____ Date: _____

This form must be delivered to CUFD no less than fourteen (14) days prior to the event to personnel present for schedule the required Fire & EMS coverage. CUFD requires this event to have the proper coverage.

Estimated Fire & EMS Cost: \$ _____

For questions concerning Fire & EMS costs, you may contact Deputy Chief Aaron Bunyea at CUFD (864) 656-3472 between the hours of 8 a.m. and 5 p.m. Monday through Friday.