MOFFAT COUNTY FACILITIES REQUEST FORM SECURITY ASSESSMENT FORM

Please	check the following boxes that apply for	you	r request to use	a County facility;	
1). Rea	son for facility rental (check all that app	ly):			
	Birthday Party Youth under (13 yoa) Teenage (13-18 yoa) Adult (over 18 yoa) Picnic		Wedding/Reception Dance Band or D.J.		
	Other: Purpose			ttending:	
	 Alcohol Use: Are you providing alcohol to people attending? Will alcohol be allowed into the facility from people attending? Will alcohol be sold at the facility during your event? 				
4). Are	you charging admission to your event? Yes No you asking for donations for your event Yes No	?			
5). Exa	ect times your event is open to public: Start: End:		Date:		
6). □	Do you understand that if the facilities are damaged from your event, you are responsible for payment of the damages in full, or if law enforcement has to respond to your event when no security is provided, you will lose your security deposit? Yes No				
7).	Even if it is deemed no security is necessary for your event, The Moffat County Sheriff's Office may still conduct a walk through of the facility during the course of the event. Do you understand that any deviation from the information you have provided on this form, the boxes you have marked, may result in the termination of your event and forfeiture of your security deposit? Yes No				
8).	Drivers license # (attach copy)				
Signati	are of Responsible Person Date		County Signature	Date	
The Sł	neriff's Office requires security for this	s eve) fe a Signatura / Data	