## MOFFAT COUNTY FACILITIES REQUEST FORM SECURITY ASSESSMENT FORM

Please check the following boxes that apply for	r you	ir request to usea County facility;
1) Reason for facility rental (check all that appl	ly):	
☐ Birthday Party ☐ Youth under (13 yrs) ☐ Teenage (13-18 yrs) ☐ Adult (over 18 yrs) ☐ Picnic		Wedding/Reception
		Dance
		Band or D.J.
Other: Purpose		Maximum # of people attending:
2) Alcohol Use:  Are you providing alcohol to people att Will alcohol be allowed into the facility Will alcohol be sold at the facility during	endi:	n people attending?
3) Are you charging admission to your event?  ☐ Yes ☐ No		
4) Are you asking for donations for your event ☐ Yes ☐ No	?	
5) Exact times your event is open to public: Start: End: Date:		
6) Do you understand you will <b>lose your secur</b> ❖ The facilities are damaged from damages in full, and/or  ❖ Law enforcement has to respond □ Yes □ No	you	r event, you are responsible for payment of the
may still conduct a walk through of the Do you understand that any deviation from the conduct of	facil	of for your event, The Moffat County Sheriff's Office lity during the course of the event. the information you have provided on this form (the ermination of your event and forfeiture of your security
8). Drivers license # (attach copy)		
Signature of Responsible Person Date County Signature Date		
The Sheriff's Office requires security for this event Yes  No  Sheriff's Office Signature / Date		