PUTNAM COUNTY
BUREAU OF EMERGENCY SERVICES

Putnam County Training and Operations Building Access Request

Person Requesting Access: _____

Contact Number: _____ Fax Number: _____

Name of Group: _____

Date of Access: _____ (One date per form)

Times of Occupancy From: _____ Until: _____

Reason For Request: _____

_____

Topic to Be Covered: _____

Approximate Number of People Attending: _____

In the unlikely event of an emergency, would any attendee need special assistance in evacuating?

YES NO If so, please describe the type of special assistance needed: _____

_____

_____

<u>*By my signature I am aware of the building use regulations and evacuation plan and I have had or will receive the proper training on any equipment that I intend to use prior to the date requested*</u>

_____ _____

Signature Date

****

Approved By: _____ Date: _____

Denied By: _____ Date: _____

Reason for Denial: _____

You will be meeting in room: _____

112 OLD ROUTE 6 – CARMEL, NEW YORK 10512
Tel. (845) 808-4000 / Fax (845) 808-4010
Emergency Operations Center Tel. (845) 808-4050
Email: admin@pcbes.org Web Page: pcbes.org
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