

**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: \_\_\_\_\_

*\* If you will be using the building after 4:00 pm, you will need to pick up a key. Doors will be locked.*

*\*\*If you do not pick up a key you will not have access to the building.*

PLEASE INDICATE WHEN YOU WILL BE PICKING UP KEY DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

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: \_\_\_\_\_

***\*By my signature I am aware of the building use regulations and evacuation plan & I have had or will receive the proper training on any equipment that I intend to use prior to the date requested\****  
***\*\* I understand I need to complete and return the check list with any keys***

\_\_\_\_\_  
Signature Date

\*\*\*\*\*

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
Signature

DENIED BY \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
Signature

REASON FOR DENIAL \_\_\_\_\_

YOU WILL BE MEETING IN ROOM \_\_\_\_\_

***The Bureau Of Emergency Services has the right to cancel any event based on Department needs or conflicts***

PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES  
112 OLD ROUTE 6  
CARMEL, NY 10512  
PHONE 845-808-4000 FAX 845-808-4010