



**Middletown Township Fire Department**  
**Training Academy**  
**1 Kings Highway**  
**Middletown, NJ 07748**  
**732-615-3280 / 732-957-9369 (Fax)**  
**fireacademy@middletownnj.org**



## Facility Request Form

**This form must be submitted a minimum of two weeks prior to requested date(s). The Academy does not guarantee the availability of the facility, its instructors, safety personnel, or equipment on any given date. The academy is not responsible for any damages or costs incurred by any organization using the facility.**

**Instructions:** Complete entire form and return to the Academy.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Dates Requested: 1<sup>st</sup> Choice: \_\_\_\_\_ Time: \_\_\_\_\_

Dates Requested: 2<sup>nd</sup> Choice: \_\_\_\_\_ Time: \_\_\_\_\_

Dates Requested: 3<sup>rd</sup> Choice: \_\_\_\_\_ Time: \_\_\_\_\_

Facility Requested:	Smokehouse		Ladder Tower	
<i>Check all that apply</i>	Flashover Chamber		Classroom	
	Peaked Roof		Flat Roof	
	Burn Pad (Car Fires)		Burn Pad (Extrication)	

Equipment:	Cars		Non-Toxic Smoke		Fuel	
<i>Check all that apply</i>	Air		Apparatus			
	Other					

Application Date: \_\_\_\_\_

<b>Academy Use Only</b>	Date Received:	Received By:
	Confirmed:	Confirmed By:
	Safety Officer:	
	Instructor (s):	