

**Gallupville Fire Department Rental Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Number \_\_\_\_\_

Email Address \_\_\_\_\_

Rental Date \_\_\_\_\_ Time \_\_\_\_\_

Purpose for Rental \_\_\_\_\_

Copy of Insurance Submitted \_\_\_\_\_

Deposit Received \_\_\_\_\_

Signature of Lessee \_\_\_\_\_

Fire Department Representative \_\_\_\_\_