



# NIXA FIRE PROTECTION DISTRICT



301 South Nicholas Road (Headquarters) Nixa, MO 65714  
Headquarters (417) 725-4025 Facsimile (417) 725-2393  
www.nixafire.org

## COMMUNITY ROOM RESERVATION REQUEST FORM

*At least 3 weeks advance notice of request is required.*  
*Please allow up to 7 business days for a response to your request.*  
(Please Print Clearly)

The Community Rooms are scheduled at 711 N. Main Street by appointment only

1. Today's Date: \_\_\_\_\_ Are you a Nixa District Resident? Yes  No

2. Event Description: Education  Party  Meeting   
Other  Description: \_\_\_\_\_

3. Event Date-1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_  
**\*\*NFPD HOLIDAYS ARE NOT AVAILABLE FOR RESERVATIONS**  
72 HOUR ADVANCE NOTICE OF CANCELLATIONS IS REQUIRED (See Cancellation Policy)

4. Event Time: Start Time \_\_\_\_\_ End Time \_\_\_\_\_

**\*\*Per hour needs to include set-up and clean-up\*\***

Facility Requested:	Per Hr. Rate	Capacity
Meeting Room (Small Room)	\$15 Nixa FPD Resident \$25 Non-Resident	40 max
Conference Room (Large Room)	\$35 Nixa FPD Resident \$45 Non-Resident	130 max

Room requested:  Meeting  Conference Total Time Requested: \_\_\_\_\_

**\*\*If a recurring meeting, please contact NFPD Headquarters for scheduling and fee costs.\*\***

Individual  Non-Profit/Civic Group  Organization

**\*\*Payment is due 2 business days after you receive an invoice via email. \*\***

5. Non-Profit / Civic Group / Org. Name: \_\_\_\_\_

6. Applicant Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone Cell: \_\_\_\_\_ Phone home/work: \_\_\_\_\_

7. Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Cell: \_\_\_\_\_ Phone home/work: \_\_\_\_\_

8. Expected Attendance: Children: \_\_\_\_\_ Adults: \_\_\_\_\_

9. Will there be Food or Refreshments: Yes  No

Any food equipment (Indoor heating devices, etc.) will need to be approved by the Nixa Fire District before the event.

**PLEASE EMAIL THIS FILLED OUT FORM TO**

**receptionist@nixafire.org**

**For Office Personnel Only: Fill in A-F.**

A). Total Hours.....\_\_\_\_\_. (#9 above)

B). Facility Fee Rate.....\$\_\_\_\_\_.

C). Total Amount Due.....\$\_\_\_\_\_.

D). Invoiced: Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

E). Payment Form: Cash, Check, Credit Card (circle one)

F). Receipt # \_\_\_\_\_ Staff Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

EVENT ON CALENDAR: Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

Door Lock Programmed: Staff Initials \_\_\_\_\_ Date: \_\_\_\_\_