

Open Flame Request

Request for Permission to Use “Open-Flame Device”

Date of Request: _____

TO: Vice President for Business and Administrative Services

FROM: _____

Event Information

Date of Event: _____

Person Supervising Event: _____

Type of Event:

Type of Open-Flame Device:

Reason for Use of Open-Flame Device:

Signed: _____ Date: _____
(Name of Person Making Request)

FOR OFFICE USE ONLY	
<u>Please check one:</u> [] Approved	[] Disapproved
<i>Reason for disapproval:</i> _____ _____	
Signed: _____	Date: _____
(Vice President, Business and Administrative Services)	

Initial Rev. 2/18/00