## PYROTECHNIC DISPLAY: REQUEST AND APPROVAL FORM

Department/Organization	Making Request: _		
Name of Responsible Per	rson:		
Date of Event: Name of Party Providing Display:			
CU Facilities Man	nagement: 453	UCB, 492-5511	
FIRE AND LIFE-SAFETY:			
	Name	Signature	Date
GROUNDS:	Name	Signature	 Date
Comments: (Use reverse	side of this sheet or	r additional paper if necessary)	
CU Environmenta	al Health and	<b>Safety</b> : 375 UCB, 492-6025	
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Name	e	Signature	Date
Comments: (Use reverse	side of this sheet or	r additional paper if necessary)	
CU Police Depart	ment: 502 UCB	, 492-6666	
Name	e	Signature	Date
Comments: (Use reverse	side of this sheet or	r additional paper if necessary)	
CU Risk Manager	ment Office: 5	587 SYS, 492-1906	
Name	e	Signature	Date

• The above approvals must be obtained in the order they appear prior to seeking Boulder Fire Department (BFD) permit. Otherwise, pyrotechnics display may not take place on campus.

Comments: (Use reverse side of this sheet or additional paper if necessary)

• After all signatures have been obtained please submit this form together with the BFD permit application to the Boulder Fire Department.