

Smoke and Haze Use Request Form

Event Name: _____ Event Date: _____
Name of Responsible Person: _____ Submittal Date: _____
Email Address: _____
Phone Number: _____

Indicate the building and space where the smoke and haze will be used

UK Building Name: _____ UK Building #: _____
Room #: _____

☐ Smoke and haze will not be located in a building but will be used on University property

Please provide a description and/or the address of the property:

Additional information:

Type of Event	Expected # of Occupants	Who is providing the smoke and haze?
<input type="checkbox"/> Athletic <input type="checkbox"/> Concert/Theatrical <input type="checkbox"/> Ceremony/Recognition <input type="checkbox"/> Student Based <input type="checkbox"/> Other (provide description below)		
Describe the purpose and duration of the smoke and haze use.		
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The smoke and haze use noted above has been reviewed and approved for the event and date indicated. The responsible person listed above will be notified of any additional requirements as necessary.

Greg Williamson – University Fire Marshal

Date

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