

**KEYS MARINE LABORATORY
FACILITIES USE REQUEST FORM (FURF)**

Contact KML Operations Manager *before* submitting FURF to discuss availability of KML resources for requested dates - submission of your FURF does not constitute a reservation

This form will be used by the Keys Marine Laboratory board to review requests for KML use and by the KML staff in scheduling housing, boat use, lab use, etc. Please be as descriptive and thorough as possible in completing this form. The information you provide will assist us in making your use of the KML as productive as possible. Submit completed form to Lisa Tipword at the Keys Marine Laboratory, P.O. Box 968, Layton/Long Key, Florida 33001 or fax: (305) 664-0850 or Email: tipword@keysmarinelab.org.

If you have any questions about the available facilities, equipment, boats, sampling areas, etc., please do not hesitate to contact Lisa Tipword or any other staff members of the lab at (305) 664-9101 or Email: tipword@keysmarinelab.org

NAME _____

ADDRESS _____

City State Zip

PHONE NO. _____

FAX NO. _____

E-MAIL ADDRESS _____

DATE AND TIME OF ARRIVAL _____

DATE AND TIME OF DEPARTURE _____

BRIEF DESCRIPTION OF PROJECT: (Attach additional sheets if necessary)

****FULL AMOUNT OF BOOKING RESERVATION WILL BE DUE**

IF CANCELLED WITH LESS THAN 30 DAY NOTICE **

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FUNDED? _____ FUNDING SOURCE _____

TAX EXEMPT? Y OR N IF YES, CERTIFICATE # _____ (PLEASE ATTACH COPY)

NAMES OF PEOPLE IN GROUP _____

NEEDS:

Dormitory Space (TOTAL NUMBER OF PERSONS AND GENDER): males _____ females _____

children are not allowed in the dorms

TOTAL _____

(ALL PERSONS, STAFF OR STUDENT, SHOULD BE INCLUDED IN THIS TOTAL IF THEY WILL REQUIRE A BED IN OUR DORMS ALSO, SEPARATION IS BY GENDER... STAFF, STUDENTS, & DIFFERENT GROUPS MAY SHARE A ROOM)

Classroom (hours and dates) _____

Wet Lab (equipment, aquaria ,etc.) _____

Dry Lab (bench space and equipment) _____

Cold Storage Space Required? _____

Refrigerator _____ cu.ft.

Freezer _____ cu.ft.

Freezer (-40C) _____ cu.ft.

Outside Holding Tanks or Pens _____

Boat Use (Dates, Time, Number of Persons) _____

Scuba Use (Contact KML for certification requirements, equipment not provided at _____

Toxic and Other Chemicals to be Used on Site _____

Disposal Plan _____

Radioisotope Use YES/NO If yes, Permit # _____

Plants/Animals to be Collected or used for Experiments (A collecting permit may be required for Regulated Species). If a permit is required, please name the "KML staff" as authorized personnel on your permit application.

Other Equipment Needs _____

Additional Information _____

PLEASE NOTE: ALL KML USERS ARE RESPONSIBLE FOR DISMANTLING AND PROPERLY DISPOSING OF ANY ITEMS USED FOR THEIR RESEARCH DURING THEIR STAY. FAILURE TO DO SO WILL RESULT IN A CHARGE FOR STAFF TIME TO CLEANUP AND REMOVE THESE ITEMS.

Date of Request _____

Signature _____

Title _____

****I hereby agree to acknowledge Keys Marine Laboratory in any publications resulting from work conducted while utilizing KML services. Additionally, I agree to provide copies of any/all publications to KML free of charge and in a timely manner.**

BILLING INSTRUCTIONS: YOU MUST CHECK ONE AND PRINT BILLING ADDRESS

*****PLEASE NOTE --- MAKE ALL CHECKS PAYABLE TO USF/FIO*****

Bill my institution _____ Bill me personally _____

Tax ID# _____

We accept credit cards for payment...please follow instructions provided on your invoice from USF/FIO...Visa or MasterCard ONLY

Billing Address _____

NOTE:(If billing address is not listed, the name/
address on the first page will be used)