

REQUEST FOR USE OF FACILITIES

Applicant: _____ Date: _____

E-Mail: _____ Tel.: _____

Facility Requested: _____

Name of Group, Organization, etc.: _____

Purpose: _____

Date(s) Needed: _____

Time: _____ Number of Persons Expected: _____

Comments: _____

NO SMOKING IN ALL BUILDINGS

Organization will be charged for personnel working after regular hours, for security services and for any property damages.

Signature of Applicant

FOR OFFICE USE ONLY

Technician: Yes _____
No (min. 4 hours)

Security: Yes _____
No (min. 4 hours)

Rental Fee: _____

College Equipment: _____

Other Cost: _____ Total Cost: _____

Approvals

Security: _____

Services For Students

Faculty Dean: _____

Continuing Education

Administrative Services

Others

CC: Cleaning Security Cafeteria Manager