

School Name

FY _____ FACILITIES LEASING INFORMATION FORM

*Providing this information is the initial step in requesting facility space at _____ School,
but does not guarantee that a lease will be approved.*

PLEASE COMPLETE AND RETURN TO: Name: _____

Address: _____

Phone Number: _____ Fax: _____

Email _____

NAME OF ORGANIZATION/AGENCY, OR INDIVIDUAL: _____

ADDRESS: _____

CONTACT PERSON'S NAME: _____

PHONE NUMBER: _____

EMAIL: _____

Required Documents

- ✓ **LIABILITY INSURANCE** (INCLUDE A COPY OF A CURRENT CERTIFICATE –INDICATING THE SCHOOL BOARD OF PBC AS AN ADDITIONAL INSURED AND THE CERTIFICATE HOLDER). THE POLICY MUST BE A MINIMUM OF \$1, 000, 000. OR IF YOU DO NOT HAVE LIABILITY INSURANCE, YOU MAY PURCHASE COVERAGE THROUGH THE SCHOOL DISTRICT, AT AN ADDITIONAL COST.
- ✓ **STATUS OF CORPORATION** – INCLUDE COPY OF STATE INCORPORATION STATUS. (Commercial or Non-Profit)
- ✓ **TAX STATUS (NON-PROFIT)** – INCLUDE COPY OF SALES TAX EXEMPTION CERTIFICATE. ***IF NO DOCUMENTATION IS PROVIDED, COMMERCIAL RATES WILL APPLY.***

SPACE REQUESTED (Auditorium, classroom, etc): _____

DAY(S) & DATE(S) REQUESTED: _____

START TIME: _____ END TIME: _____

SET UP AND REMOVAL: Yes/No START TIME _____ END TIME _____

ESTIMATED NUMBER OF PARTICIPANTS AND GUESTS: _____

EVENT DESCRIPTION: _____

SPECIAL REQUESTS: _____

