

THOMASTON PUBLIC SCHOOLS  
Thomaston, Connecticut

REQUEST FOR USE FORM

REQUEST

The \_\_\_\_\_ requests permission to use \_\_\_\_\_ at \_\_\_\_\_  
(organization) (specific facility) (school)  
on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_  
(date) (time) (time) (purpose)

It is estimated that approximately \_\_\_\_\_ persons will attend this function.

Applications are to be returned to the office of the school to be used and forwarded to the office of the Superintendent of Schools.

It is understood by the organization granted use of the school facilities, that it will abide by the Rules and Regulations pertaining to school facilities, and in the event the school finds need of the facilities on the date stipulated, permission may be revoked.

\_\_\_\_\_  
*Name of Organization Official (who will be present during event)*

\_\_\_\_\_  
*(Signature of Organizational Official applying)*

\_\_\_\_\_  
*(telephone number)*

\_\_\_\_\_  
*(address)*

**ACTION TAKEN ON APPLICATION (FOR OFFICE USE ONLY)**

Permission Granted       Permission Denied       Application Tabled

Rental Fee \_\_\_\_\_ Custodian fee \$ \_\_\_\_\_

Processing fee/\$1 per hr. \_\_\_\_\_ Policeman required \_\_\_\_\_ Fireman required \_\_\_\_\_

Indemnification form provided       Bond provided       Certificate of Insurance provided

Other conditions: \_\_\_\_\_

\_\_\_\_\_  
*School Principal*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Superintendent or Designee*

\_\_\_\_\_  
*Date*

**CUSTODIAN'S REPORT** (A check of the facilities of the school after its use by the above organization)

Satisfactory       Unsatisfactory

\_\_\_\_\_  
*(Custodian's Signature)*