Granada Sanitary District

MEETING ROOM USE REQUEST FORM

AGENCY	/GROUP INFORMATION						
Name of							
E-mail Address:							
Each Agency/Organization ("Group") shall designate ONE Representative to be the Responsible Party for that Group. The designated Representative shall be authorized to check availability, schedule meetings, and arrange access to the Meeting Room with GSD Staff. The Representative may be required to meet with Staff prior to meeting room use for access information. The Representative understands and accepts responsibility on behalf of the Group as stated at the bottom of this form.							
Designated Representative:							
Contact Phone Numbers:							
E-mail Address:							
Name an Alternate Contact:							
US	SE INFORMATION						
Date or Dates Requested:							
Meeting Start Time:	Meeting End Time:(May be approximate)						
Will use be one time only or ongoing?:							
If ongoing, specify frequency:	(Weekly, monthly, etc.)						
Approximate number of persons expected to attend?:	Seated at tables?:						
Will equipment be brought in for your meeting?:	Food?:						
The District provides meeting tables and chairs. The meeting tables are in a fixed position and may not be moved by persons other than District Staff. Do you require table modifications or room rearrangement?							
	, .						
YES:	NO:						

DATE

RESPONSIBLE PARTY'S SIGNATURE

со	In consideration of the use of a meeting room, each group/organization agrees that will pay for all damages to any property resulting directly or indirectly from the nduct of any member, officer, employee or agent of the group/organization or y of its participants.
<	Users agree to abide by all regulations of the district relating to the use of the facilities and accept
<	The District is hereby expressly released and discharged from any and all liability for any loss, injury

