

Johannesburg-Lewiston Area Schools

10854 M-32 • JOHANNESBURG, MI 49751 • (989) 732-1773 • FAX: (989) 732-6556



BUILDING USE REQUEST

Submit to Allison Walker at walkera@jlas.org when completed.

Date of Application: _____

Date(s) of Use: _____

Time: (please include set up and clean up time): _____

Facilities desired: _____

**If using the cafeteria, floor must be swept, and tables washed after every use.*

**If using the kitchen, you must contact the head cook or Food Service Director prior to use (989) 732-1773 ext. 2113*

Purpose of use: _____

Equipment request: _____

**Equipment must be returned cleaned and in same condition as found. Any damages will result in fees.*

Name of Organization: _____

Address: _____

Phone Number: _____

Contact Person Name & Phone: _____

Building Key:

_____ We will need a key to the building (\$50 fee if not returned by agreed upon date).

_____ We will NOT need a key to the building.

Please note: Charges may apply for use of equipment and/or custodial hours.

OFFICE USE

Request Received: _____ Request Approved: _____

Key # _____ Key return date: _____ (\$50 fee for lost key)

Facility fee: _____ Equipment fee: _____ Equipment returned (date): _____

Custodian Rate: \$30.00 per hour Custodian hours: _____ to _____

Custodial Rate Authorized by: _____

We agree to abide by all policies and regulations as set by the school and the terms of this contract. All state and federal laws will be obeyed. We understand that charges may apply for use of equipment and /or custodial hours.

Signature

Date

Copied to Custodian: _____

Copied to Kitchen: _____