

EXHIBIT "C"

NOTICE OF FACILITY USE FORM FOR RECIPROCAL USE AGREEMENT BETWEEN
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA AND DESIGNATED
LOCAL GOVERNMENTAL AGENCY

Name of Local Government

Date Filed

Location

Type of Activity

Facility

Date(s) Needed

Time(s) Needed

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHARGES (IF APPLICABLE)

Service/Item

Fee

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Fee(s) Due

NOTE: Please list the Service/Item on additional blank page(s) if you need space for additional information

CONTACTS/AUTHORIZED SIGNATURE

For School: Principal

For Local Government: Parks and Recreation Director or
Equivalent Position

Name

Name

Title

Title

Date

Date

Signature: _____

Approve

Disapprove

Signature: _____

Approve

Disapprove

RATIONALE FOR DISAPPROVAL

FOR SBBC USE ONLY

IF DISAPPROVED APPEAL TO

OFFICE OF CHIEF SERVICE QUALITY OFFICER

1643 North Harrison Parkway, Building H

Sunrise, FL 33323

Phone: (754) 321-3636; Fax: (754) 321-3691

State Reasons for Appeal

Appeal Approved Appeal Disapproved

Authorized Signature: _____

Title

Date:

State Rational for Disapproval

FOR MUNICIPAL USE ONLY

IF DISAPPROVED APPEAL TO

CITY/TOWN MANAGER

State Reasons for Appeal

Appeal Approved Appeal Disapproved

Authorized Signature: _____

Title

Date:

State Rational for Disapproval