

EXHIBIT "C"

NOTICE OF FACILITY USE FORM FOR RECIPROCAL USE AGREEMENT BETWEEN

	THE SCHOOL BOARD OF BRO LOCAL G	WARD COUNTY, FL OVERNMENTAL AG		NATED
	Name of Local Government			
	Date	Filed		
Location				
Type of Acti	ivity			
Facility		Date(s) Need	ded	Time(s) Needed
	CHAI	RGES (IF APPLICABI	E)	
Service/Item		NOLS (II AI I LICADI	Fee	
	Total Fee(s) Due NOTE: Please list the Service/Item on add	ditional blank page(s) if you ne	ed space for additional informa	ntion
	CONTACTS	S/AUTHORIZED SIGI	NATURE	
	For School: Principal	For Lo	ocal Government: Parks Equivalent	and Recreation Director or t Position
Name		Name		
Title		Title		
Date		Date		
Signature:		Signature	:	
	Approve Disapprove		Approve	Disapprove
	RATION	ALE FOR DISAPPRO	VAL	

Form #0000 New 10/12

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FOR SBBC USE ONLY

IF DISAPPROVED APPEAL TO

OFFICE OF CHIEF SERVICE QUALITY OFFICER

	1400 NE 6th Street
	Pompano Beach, FL 33060 Phone: (754) 321-3838; Fax: (754) 321-3885
	1 Holle. (754) 521 5656,1 ax. (754) 521 5665
State Reasons for Appeal	
1,	
L	Appeal Approved Appeal Disapproved
Autho	rized Signature:
Title	Date:
State Rational for Disapproval	
State national for Disapproval	
	FOR MUNICIPAL USE ONLY
	FOR MUNICIPAL USE ONLY IF DISAPPROVED APPEAL TO CITY/TOWN MANAGER
	IF DISAPPROVED APPEAL TO
	IF DISAPPROVED APPEAL TO
State Reasons for Appeal	IF DISAPPROVED APPEAL TO
State Reasons for Appeal	IF DISAPPROVED APPEAL TO
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State Reasons for Appeal	IF DISAPPROVED APPEAL TO
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