

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

[Empty text box for Name of Local Government]

Date Filed

[Empty text box for Date Filed]

Location

[Empty text box for Location]

Type of Activity

[Empty text box for Type of Activity]

Facility

Date(s) Needed

Time(s) Needed

Table with 3 columns: Facility, Date(s) Needed, Time(s) Needed. Contains 5 rows of empty lines for data entry.

CHARGES (IF APPLICABLE)

Service/Item

Fee

Table with 2 columns: Service/Item, Fee. Contains 5 rows of empty lines for data entry.

Total Fee(s) Due

[Empty line for 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

[Empty text box for School Name]

Title

[Empty text box for School Title]

Date

[Empty text box for School Date]

Signature:

[Empty line for School Signature]

Approve

Disapprove

Name

[Empty text box for Local Government Name]

Title

[Empty text box for Local Government Title]

Date

[Empty text box for Local Government Date]

Signature:

[Empty line for Local Government Signature]

Approve

Disapprove

RATIONALE FOR DISAPPROVAL

[Empty text box for School Rationale]

[Empty text box for Local Government Rationale]

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

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