Sanilac County Community Mental Health Authority

 Administration

 FACILITY USE FORM

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| FOR COMMUNITY ORGANIZATIONS REQUIRING USE OF A CMH FACILITY |
|  Requesting Agency:  |
|  Address:    |
|  Telephone:  |
|  Individual Requesting:  (Name)  (Title) |
|  Facility Requested:  Area/Room Requested:  (If Applicable) |
|  Equipment Needed: [ ]  No [ ]  Yes (If “Yes”, itemize needs on the back)**NOTE: Any external thumb drive with preloaded information must be checked for virus, etc. by our IT Department before use here.** |
|  Arrangements: Date: Day:  Time: From: (a.m./p.m.) To: (a.m./p.m.) |

*I understand that I am responsible to maintain the aforementioned facility in appropriate conditions, including moving all furniture back to original position. If use of the facility is after normal working hours, I will ensure that all windows are closed and locked, all lights are turned off, coffee pots are turned off and rinsed, and that outside doors are securely locked. Should there be any damage due to misuse, I or my respective organization may be accountable for any repair/cleaning charges incurred. I will provide a certificate of insurance, if required.*

Signature Date

CMH Authorized Representative Date

The facility was returned to its original condition:  Yes  No

If no, state condition of facility:

CMH Authorized Representative: Date:

Dry Erase Boards

[ ]  Large – on tripod

[ ]  Medium Board on Easel with Paper

[ ]  Extension Cord(s) How many? \_\_\_\_

[ ]  Projector for Presentation from Laptop Computers

[ ]  Laptop Computer

[ ]  Screen

[ ]  Podium

[ ]  Television, Panasonic 42” on stand

[ ]  Magnavox DVD/VCR Player

Communications Equipment

[ ]  Phone

[ ]  Conference Phone

[ ]  Video Conference Unit

[ ]  Web Conference Equipment

ALL EQUIPMENT INDICATED ABOVE WAS RETURNED IN APPROPRIATE CONDITION: YES ( ) NO ( )

If no, indicate condition of equipment returned:

CMH Authorized Representative: Date: