

CUSTODIAL REQUEST FORM

Date of this Application _____ **DATE OF BUILDING USE** _____

Reason for Building Use _____ Number of People Expected _____

Room(s) which will be used _____

Does any room need custodial assistance for set-up? Yes No

If Yes, this set-up needs to be completed by: Date: _____ Time: _____

Does any room need custodial assistance for tear-down? Yes No

If Yes, this tear-down may begin at approximately: Date: _____ Time: _____

Contact Person - Name _____ Ph: H: _____ W: _____

In the space below, please use a diagram and/or detailed instructions for room set-up:

Please set-up Room # _____ as follows:

Additional comments: