



Kitchen Usage Request Form

Must be Accompanied by Facilities Use Form

CCC COE FRE FSS GEMS LCE LHS SES TBE TBMS

Date: _____

Date(s) needing facility: _____ Time(s) needing facility: _____

Organization / Group Name: _____

Kitchen to be used for: _____

Responsible Person: _____ Home Phone: _____

Email _____ Cell Phone: _____

We desire the use of the following equipment and/or small wares:

The above said person/organization will be responsible for the proper care and use of kitchen and equipment. Loss or damage to equipment and/or facility will be assessed to responsible person/organization.

Submission of this form is merely a request. The responsible person will receive notice of approval via Email within 14 days of submission.

Any user of a school facility kitchen shall maintain the cleanliness of the property. If the facility is left unclean the user will be billed for the wages of district food service staff to clean facility and may jeopardize the organization/group future use of the facility.

Signature of Organization's Representative Date

-----TO BE COMPLETED BY SITE-----

Site Signature _____ Print Name _____

Organization has submitted facilities use form. Date _____

This form should be turned into the sites Kitchen Lead after Site Signature

Site Lead Signature Date

Food Service Director Date