

Shelby County Facility Use Form

Organization (Legal Name): _____

Mission of Organization: _____

Contact Person: Telephone Numbers: _____

Email Address: _____

Date of Event: _____

Time: _____

No. of People Expected: _____

Building or Site to be Used _____

Insurance Information: (Certificate of Liability Insurance –must be received approved)

Items to be used during event: Examples: tables, chairs, canopies, banners, moonwalks/inflatables (must provide generators), P/A systems – decibel level must be well managed etc.

Requesting Entity _____

Signature _____ Printed Name _____

APPROVALS

On Site Personnel _____ Date _____

Manager, Facilities/General Services _____ Date _____

Shelby County Manager _____ Date _____

Please specify in writing any additional comments:

