

FREDERICKSBURG INDEPENDENT SCHOOL DISTRICT

234 Friendship Lane
Fredericksburg, Texas 78624
(830) 997-9551

PROPERTY USE AGREEMENT

Organization/Group _____ Address _____ Phone Number _____ Fax Number _____

Contact Person _____ Address _____ Phone Number _____ Fax Number _____

Property Requested: _____

Purpose/Event: _____

NOTE: BEFORE REQUEST IS APPROVED, USER SHALL FURNISH CERTIFICATE OF LIABILITY INSURANCE INSURING LESSEE AGAINST LOSS (SEE REVERSE). IF LESSEE IS A GOVERNMENTAL ENTITY AND EXEMPT, A STATEMENT TO THAT EFFECT WITH AUTHORIZED SIGNATURE MUST BE PRESENTED.

DAY(S) OF THE WEEK	DATE(S) MO/DAY/YR	FROM TIME ACCESS IS NEEDED	TO TIME FACILITIES WILL BE VACATED	COST (DISTRICT USE)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Custodian Requested: Yes _____ No _____ Café Kitchen Requested: Yes _____ No _____
(Certain uses will require a custodian and/or food service personnel, see below.)

Facility Cost (Labor, if applicable, will be assessed and charged after the fact.) _____

- Facilities are rented as is. (Exception: auditorium)
- No additional tables and/or chairs will be furnished. (Exception: auditorium)
- It is the lessee's responsibility to set up for their function and to tear down afterwards and to leave the facilities in the condition they were found. *FISD will not provide this service.*
- If custodian is requested by lessee, or FISD finds clean-up is necessary after the function, actual labor costs will be assessed and charged to the lessee.
- If cafeteria kitchen facilities are needed, a food service employee will be required to be present and their labor will be billed to the lessee by the food service department after the function.

By signing, lessee agrees to all district and administrative policies, provisions contained herein, and all costs.

REQUESTOR (Signature): _____ DATE: _____

District Central Office Use		
____ Building Administrator	____ Auditorium Curator/Drama Instructor	____ School Nutrition Director
____ Assist. Supt. C & I	____ Community Ed. Coordinator	____ Cafeteria Manager
____ Maintenance Supervisor	____ Athletic Director	____ Lessee
____ Custodial Supervisor	____ Band Director	
Date distributed: _____		
PLEASE ACKNOWLEDGE RECEIPT BY SIGNING & RETURNING THIS FORM OR EMAIL bethr@fisd.org IDENTIFYING THE ORGANIZATION & DATE(S) OF USE. PLEASE LET ME KNOW IF THERE IS A CONFLICT OR ANY CONCERNS.		

APPROVED/SUPERINTENDENT: _____ DATE: _____