

# EXHIBIT "C"

## NOTICE OF FACILITY USE FORM FOR RECIPROCAL USE AGREEMENT BETWEEN THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA AND DESIGNATED LOCAL GOVERNMENTAL AGENCY

Name of Local Government

Date Filed

Location

Type of Activity

Facility

Date(s) Needed

Time(s) Needed

### CHARGES (IF APPLICABLE)

Service/Item

Fee

Total Fee(s) Due

NOTE: Please list the Service/Item on additional blank page(s) if you need space for additional information

### CONTACTS/AUTHORIZED SIGNATURE

For School: Principal

Name

Title

Date

Signature: \_\_\_\_\_

☐

Approve

☐

Disapprove

For Local Government: Parks and Recreation Director or  
Equivalent Position

Name

Title

Date

Signature: \_\_\_\_\_

☐

Approve

☐

Disapprove

### RATIONALE FOR DISAPPROVAL

**FOR SBBC USE ONLY**

**IF DISAPPROVED APPEAL TO**  
OFFICE OF CHIEF SERVICE QUALITY OFFICER  
1400 NE 6th Street  
Pompano Beach, FL 33060  
Phone: (754) 321-3838; Fax: (754) 321-3885

State Reasons for Appeal

☐ Appeal Approved    ☐ Appeal Disapproved

Authorized Signature: \_\_\_\_\_

Title  Date:

State Rational for Disapproval

**FOR MUNICIPAL USE ONLY**

**IF DISAPPROVED APPEAL TO**  
CITY/TOWN MANAGER

State Reasons for Appeal

☐ Appeal Approved    ☐ Appeal Disapproved

Authorized Signature: \_\_\_\_\_

Title  Date:

State Rational for Disapproval