

# CERTIFICATE OF LIABILITY COVERAGE REQUEST FORM

Date of Request: \_\_\_\_\_

School District: \_\_\_\_\_

School Site: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

## Short term facility use:

Name of Event: \_\_\_\_\_

*Examples: computers, copier equipment, property lease or educational programs*

**No**

***Please return to your district office***