EXHIBIT "A"

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 1/25/2023

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 Stacie Weiss

Title Parks & Recreation Director

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