COUNTY OF GLOUCESTER
BUILDINGS & GROUNDS DEPARTMENT

REQUEST TO RESERVE

ORGANIZATION: _____

CONTACT PERSON: _____

TELEPHONE NUMBER / CELL NUMBER: _____

REQUEST USE OF: _____

DATE NEEDED: _____

TIME NEEDED: _____
From To

PURPOSE OF USE: _____

_____

ADDITIONAL EQUIPMENT OF SERVICES: _____

_____

****** CONTACT PERSON WILL BE NOTIFIED AFTER REVIEW OF ABOVE REQUEST ******

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APPROVAL

1.) _____
Peter A. Scirrotto, Superintendent Date

3.) _____
Chad M. Bruner, County Administrator Date

4.) _____
FEES YES NO

5.) Certificate of Insurance Required ?? _____
YES NO