

CERTIFICATE OF LIABILITY COVERAGE REQUEST FORM

Date of Request: _____

School District: _____

School Site: _____

Contact Person: _____ Phone: _____

Short term facility use:

Name of Event: M52837te8o 37te834r851.159 49(M5.8 531.5o<87> .o<87> ns92 517.322 8r..1hc5f1m4m4m4m4m42931 819C</Mi>40

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

No

Please return to your district office