ADDITIONAL USE/CHANGE REQUEST TO CURRENT LEASE

THIS IS FOR: ☐ **TEMPORARY ADDITIONAL USE** ☐ **PERMANENT ADDITIONAL USE (FOR LEASE YEAR)** ☐ **OTHER**

SCHOOL _____ ORGANIZATION _____ DATE _____

PERSON RESPONSIBLE _____ BUSINESS TELEPHONE _____ EMERGENCY TELEPHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

REQUEST FOR ADDITIONAL USE OF THE FOLLOWING:

SPACE/ROOM _____ BEGIN DATE _____ END DATE _____ BEGIN TIME _____ AM/PM END TIME _____ AM/PM

SPACE/ROOM _____ BEGIN DATE _____ END DATE _____ BEGIN TIME _____ AM/PM END TIME _____ AM/PM

PURPOSE FOR USE _____ EXPECTED NO. OF ATTENDANTS _____ ADDITIONAL NOTES _____

OTHER USE REQUEST (PLEASE DESCRIBE): _____

SPACE/ROOM _____ BEGIN DATE _____ END DATE _____ BEGIN TIME _____ AM/PM END TIME _____ AM/PM

SPACE/ROOM _____ BEGIN DATE _____ END DATE _____ BEGIN TIME _____ AM/PM END TIME _____ AM/PM

DO YOU PLAN TO OPERATE DURING SCHOOL BREAKS OR LEGAL HOLIDAYS ON THE ABOVE DAYS AND HOURS REQUESTED? IF SO, PLEASE SPECIFY IN DETAIL:

LIST SCHOOL BREAKS: _____

LIST LEGAL HOLIDAYS: _____

WILL YOU NEED:

HEAT? ☐ NO ☐ YES, AND I ACCEPT THE CHARGES ASSOCIATED WITH THE USE

COOLING? ☐ NO ☐ YES, AND I ACCEPT THE CHARGES ASSOCIATED WITH THE USE

ACCESS? ☐ NO ☐ YES, AND I ACCEPT THE CUSTODIAL CHARGES ASSOCIATED WITH ACCESS

IF ACCESS IS NOT NEEDED, HOW DO YOU INTEND TO ACCESS THE SPACE? PLEASE EXPLAIN: _____

WILL YOU NEED OTHER SERVICES? ☐ NO ☐ YES IF YES, PLEASE SPECIFY SERVICES NEEDED: _____

This completed application must be received by the Property Management Office, MS 32-151, Seattle Public Schools, PO Box 34165, Seattle, WA 98124-1165, at least TEN (10) WORKING DAYS prior to the event. Questions should be directed to (206) 252-0633; Fax (206) 252-0111. Please note that this application does not constitute final approval and the additional use is not automatically guaranteed. If final approval is granted, applicable direct and indirect costs will be assessed for costs incurred due to this request. Tenant agrees to promptly reimburse the District upon receipt of an invoice and that all terms and conditions of the existing lease agreement apply to all additional and changes in use.

AGREED: _____

PROVIDER'S SIGNATURE _____ PROVIDER'S PRINTED NAME _____ DATE _____

APPROVED BY SCHOOL PRINCIPAL: ☐ NO ☐ YES COMMENTS: _____

PRINCIPAL SIGNATURE _____ DATE _____ PROPERTY MANAGEMENT SIGNATURE _____ DATE _____