

**Passaic County Technical Institute  
45 Reinhardt Road, Wayne, NJ 07470**

**Facility Request Application**

NAME OF ORGANIZATION	PHONE NO.	DATE	DATE OF ACTIVITY
STREET			ADMISSION CHARGED
TOWN	STATE	ZIP CODE	ATTENDANCE EXPECTED
TYPE OF ORGANIZATION			TIME OF ACTIVITY
Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/>			FROM _____ TO _____
TYPE OF ACTIVITY PLANNED			ACCESS TO BUILDING
			FROM _____ TO _____
AREA REQUESTED			<p>1.The use of any school property will be subject to the general regulations governing the use of school facilities.</p> <p>2.Any permit for the use of school property is subject to cancellation at any time by the Board of Education.</p> <p>3.Proof of liability insurance holding the Board of Education harmless and free from any loss, damage or injury to any individual or property must be provided no later than 14 days prior to date of activity.</p> <p>_____ PRINTED NAME OF APPLICANT</p> <p>_____ SIGNATURE OF APPLICANT</p> <p>_____ OFFICIAL POSITION OF APPLICANT</p> <p>_____ PHONE NUMBER OF APPLICANT</p> <p>_____ EMAIL ADDRESS OF APPLICANT</p>
DETAILS OF REQUEST			
1			
2			
3			
4			
5			
6			
7			
8			

**Additional Services Requested:**

- Lighting Technician
- Sound Technician
- Audio/ Visual Technician
- Custodial Services
- Security Services
- Food Services

Coordinator of Facilities  
 Phone: ( 973) 389-2032  
 Fax: (973) 389-4399  
 Email: wvacca@pcti.tec.nj.us

FOR BOARD USE ONLY

YES  NO

RENTAL FEE

DATE OF APPROVAL

AUTHORIZATION SIGNATURE

**Office Use Only:**

Date Received: _____	Certificate on File: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Security Services: _____	Notes: _____	Amount Paid: _____
AIV Services: _____	_____	Amount Due: _____
Custodial Services: _____	_____	Date Paid: _____
Other Personnel: _____	_____	