

# 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***