

**North Central Ohio Educational Service Center  
Marion Facility  
Rental Agreement for Use of Agency Buildings and Facilities**

**Requester Information:**

Facility and room requested \_\_\_\_\_

Date Requested \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_  
(note: we ask that all programs be completed by 9:00PM)

Renter (Individual, Group or Organization) \_\_\_\_\_

Name of Responsible Individual \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax \_\_\_\_\_

**Technology Equipment Needed: (please check)**

Computer                      Internet Access                      VCR                      DVD Player  
Sound System                      LCD Projector                      Projection Screen                      Videoconferencing

Other: (please list) \_\_\_\_\_

I will be bringing my own computer \_\_\_\_\_

Contact information for person responsible for operation of technology equipment:

Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Rental Fee** \$ \_\_\_\_\_ Payable to: North Central Ohio Educational Service Center

**Room Information:**

The conference rooms tables that can be arranged to suit the needs of your presentation. Room arrangement is the responsibility of the organization renting the facility and we request that the room be returned to its original configuration at the end of your program.

Refreshments may be brought into the facility. We ask that you be responsible for any clean up from food, drink, etc. Smoking and alcohol are not permitted on or in the facility at any time.

**Please return completed form and your rental fee payment to:**

Stephanie Brown  
NCOESC  
928 West Market Street  
Tiffin, OH 44838  
[sbrown@ncoesc.org](mailto:sbrown@ncoesc.org)                      419-447-2927

**Certificate of Insurance:**

Provide a "Certificate of Insurance" form naming North Central Ohio Educational Service Center as additional insured.

\_\_\_\_\_  
Renter Approval Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NCOESC Superintendent Signature

\_\_\_\_\_  
Date