

**North Central Ohio Educational Service Center
Tiffin 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 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