



Office of the Trustee
Andrew Durham, Trustee
213 East Jefferson Street
PO Box 905
Kokomo, IN 46903-0905
765-452-8259

REQUEST FOR USAGE OF CENTER TOWNSHIP FACILITIES

CONTACT INFORMATION

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

CONTACT PHONE NUMBER _____

ORGANIZATION _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

COUNTY _____ TOWNSHIP _____

TYPE OF ORGANIZATION _____

FUNCTION OF ORGANIZATION _____

USAGE REQUEST INFORMATION

☐ COMMUNITY SERVICE BUILDING

DATE(S) REQUESTED _____ TIME _____

☐ ONE TIME USAGE ☐ RECURRING USAGE IF SO, ON WHAT SCHEDULE _____

PURPOSE OF USAGE OR EVENT _____

Submit this form to the Center Township Trustee's Office. If approved, a usage agreement will be issued with instructions for its return, and the list of additional documentation, which will include a certificate of insurance for liability coverage while on the campus of the Township. The person signing the agreement will be the official contact, and must be in attendance at the event(s). Address further questions to the trustee's office by phone or by email at csb@centertownship1.com