REQUEST FOR USE OF FACILITIES

	Requests the use of the Decatur County (sel	ect
one or both): COURTHO	SE/COURTHOUSE GROUNDS.	
Date of activity:	Hours:	
What area do you wish t	use?	
	uding whether food or beverages will be served, any special activities, whether electricity will be needed:	
Rules for use: The user a	grees to follow all policies.	
Indemnification Agreem Decatur County, its office	nt: The user listed above agrees to indemnify and hold harmless and employees from any claim arising from this use of County ensatory or punitive damages, costs, and attorney fees.	
with Decatur County list	must provide, before the day of activity, a Certificate of Insurance as an additional insured, for Liability coverage for bodily injury age with combined limits of at least One Million Dollars	
The person signing this r	quest has authority to sign on behalf of the organization.	
	Signature:	
	Print Name:	
	Phone Number:	
Approved:		
Decatur County Board of C	mmissioners Date	