



Agreement for the Use of Buildings or Grounds User Fees

Name of Group or Organization: _____

Name of Representative: _____

User Representative's Address: _____

User Representative's Contact Information:

Phone Number: _____

Email Address: _____

USER FEES

Facilities _____ \$ _____

Equipment _____ \$ _____

Services _____ \$ _____

Supplies _____ \$ _____

Other _____ \$ _____

Total Fees \$ _____

Please make check payable to Miami County Board of Developmental Disabilities.

Payment due by: _____.

Owner's Signature: _____ Date: _____

User's Signature: _____ Date: _____

PLEASE RETURN ONE SIGNED COPY OF THE USER FEES AND PAYMENT TO:

