

# SET-UP REQUEST



DATE SUBMITTED \_\_\_\_\_

DATE NEEDED \_\_\_\_\_ TIME \_\_\_\_\_

LOCATION \_\_\_\_\_  
(Room, building, or area of grounds)

SET UP NEEDED \_\_\_\_\_  
(Description of need and all supplies)

\_\_\_\_\_  
\_\_\_\_\_

Are additional directives needed? \_\_\_\_\_

Will the use of the kitchen be required? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, will a Health Department inspection of the kitchen be required?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, you are responsible for setting up the inspection. When you or your organization is notified of the inspection date & time, a 48 hour notice is required to be submitted to George Sampuda. Thank you for your cooperation

Requested by \_\_\_\_\_ Organization \_\_\_\_\_  
Phone Number \_\_\_\_\_

Please diagram the way you want the room to be set up. Return set up request to Janet Lucchesi. Thank you.

# PARISH HALL

## SCALE

