

APPLICATION FOR USE OF SCHOOL DISTRICT PROPERTY EXTERNAL USE FORM



PAYMENT AND PROOF OF INSURANCE ARE REQUIRED PRIOR TO APPROVAL OF USE OF FACILITIES.

Date Request Submitted: 9-8-17
The members of (specify group) United Way of TC request the permission be granted for the use of (specify location) THS Parking Not in accordance with the rules and regulations of the Ithaca City School District for the purpose of Collecting 1400 for Havey Relief.
Contact Person: Karen Trask Phone Number: 607 339 5517 Email: KSO9 @cornell.edu
ALL BUILDINGS WILL BE LOCKED BEFORE AND AFTER THE REQUESTD START AND END TIMES. PLEASE ALLOW YOURSELF ENOUGH TIME TO SET-UP AND CLEAN UP THE SPACE REQUESTED.
Dates Requested: 9.9.17 (Must be 30 days prior to event) Estimated Number of Attendees:
Time Requested: Start: 89H End: 109M
Time of Event: Start: 8am End: 10am
Will you require custodial staff: ☐Yes 💢 No
Please list any furniture you will need. Be specific and give diagrams for all set ups.
Will you require kitchen use? Yes No
Will you require additional personnel services? Yes No
INSURANCE: PROPERTY AND LIABILITY INSURANCE WILL BE REQUIRED IN THE AMOUNT OF \$100,000 PROPERTY AND \$1,000,000 BODILY INJURY AND PERSONAL LIABILITY. Such coverage must be evidence by a CERTIFICATE OF INSURANCE to be presented with this application. The Ithiaca City School District must be named as the Certificate Holder as well as an additional insured (under description of Operations). Use of school property by non-school groups for meetings and performances is limited by the laws of New York State and the regulations of the Ithaca City School District Board of Education of Ithaca, New York. (See Policy on reverse).
Signature of Applicant: Your 5 Tue Date: 9.8.17
Additional form required for the use of Kulp Auditorium and Joe Moresco Stadium and Bredbrenner Field.
Received by: Administrator: Head Custodian: Food Services Dir.: TOTAL COST: Payment Received Date: Custodial Fee: \$20/hour, M_F \$40/hour Sa-Su 50/hour plant shut down & holidays TOTAL COST: Payment Received Date: Certificate of Insurance Received Date:

Only the Registered Owner(s) are listed on the Identification Cards. For a full list of drivers covered under this policy, please reference the Drivers section of your Declarations Page (page 9).

Notify us promptly of any change in your address to be sure you receive all important policy documents. Prompt notification will enable us to service you better.

If you would like additional ID cards, you can log into your policy online at geico.com or call us at 1-800-841-3000.

gelco.com

Phone Number: 1-800-841-3000 GEICO. NEW YORK STATE INSURANCE IDENTIFICATION CARD

Policy Number 4127-53-06-26

Effective Date 06/21/2017 (12:01 A.M.) 12/21/2017 (12:01 A.M.)

An authorized HEW YORK insurer has required an Exmers Reported Lability Insurance complying with Article 6 (Major Velocite Events) at Security Act) of the HEW YORK Vehicle and Traffic Lands

TRYON, KENT, L

204 CREAMERY RD

RICHFORD NY 13835

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3GCUKREC1EG282891 Vehicle Identification Number

Expiration Date

GOVERNMENT EMPLOYEES INSURANCE COMPANY Company Code: 148 One GEICO Plaza, Washington DC 20076-0001

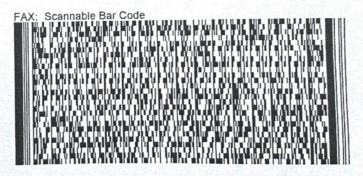


KENT L TRYON AND ELAINE M TRYON 204 CREAMERY RD RICHFORD NY 13835-1005

FAX INSTRUCTIONS

(If the ID Card Page needs to be faxed) 1. The entire page must be faxed.

- If submitted to DMV, either the entire page or the second ID card and large scannable bar code will be retained.
- 3. A faxed ID card must be replaced with a scannable ID card within 14 days of the effective date.
- DMV will not accept a faxed ID card without a scannable barcode.

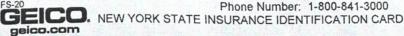




Please Compare the Vehicle Identification Number (VIN) on your vehicle to your proof of insurance (ID) cards and registration. All three must match.

Contact us if corrections to your cards are necessary,

Contact the Department of Motor Vehicles (DMV) for corrections to your registration,



Effective Date **Expiration Date**

Policy Number 06/21/2017 (12:01 A.M.) 4127-53-06-26

An authorized NEW YORK insurer has issued an Owner's Policy of Liability insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

TRYON, KENT, L

204 CREAMERY RD RICHFORD NY 13835 Year

(Not acceptable to obtain registration after 45 days from effective date.) Applicable with respect to the following Motor Vehicle 2014 CHEVR

12/21/2017 (12:01 A.M.)

Phone Number: 1-800-841-3000

SILVERADO Make

3GCUKREC1EG262891 Vehicle Identification Number

GOVERNMENT EMPLOYEES INSURANCE COMPANY Company Code: 148 One GEICO Plaza Washington DC 20076-0001



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JEB #3031