



**Public Utility District No. 1 of Okanogan County  
Application and Agreement for Public Use of District Facilities**

Applicant has applied for permission to use the District's Auditorium for the purpose, date, and time set forth below. The applicant acknowledges receipt of the Public Use of District Facilities Policy and hereby states that it is a non-profit organization or a public agency and hereby assures the District that the applicant's use of the District's Auditorium fully complies with the requirements and intent expressed in the Policy. The Applicant agrees to comply with the provisions of such Policy. **The applicant understands that it is their responsibility to make sure attendance at their event does NOT exceed the maximum capacity allowed.**

Indemnity and Hold Harmless Agreement

The undersigned applicant agrees to indemnify and hold harmless Public Utility District No. 1 of Okanogan County, its Board of Commissioners and employees from all loss or expense due to any liens or claims of any nature including, but not limited to the following: workmen's compensation liens; personal injury or medical payments; insurance subrogation claims or liens, or any claims arising out of the injury, damage, or loss that may be sustained by the below indicated applicant, any of its members or guests, that may arise out of the use of the District's facilities.

The undersigned authorized representative personally represents that he/she has the authority to bind the below-indicated applicant and make this Indemnification and Hold Harmless Agreement on behalf of said group, its members, and guests.

The undersigned authorized representative has reviewed the terms and conditions for public use of the District facilities, agrees to abide by the provisions therein, and accepts responsibility for the below indicated group's use of the District's meeting room.

\_\_\_\_\_  
Organization Name

\_\_\_\_\_ Auditorium A Auditorium B  
Meeting Purpose

\_\_\_\_\_ Time (From - To)  
Date of Meeting

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Emergency Contacts:

\_\_\_\_\_  
Authorized Representative of Organization (Please Print)

Roy S. 429-9816  
Ron G. 322-1723  
Mindy M. 449-0365

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Daytime phone

\_\_\_\_\_  
After-hours phone

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Permission is hereby granted for the Organization named above to use the District's Auditorium, at the time, and for the purpose as stated by the Applicant above and subject to the District's Policy for Public Use of District's Meeting Room.

Public Utility District No. 1 of Okanogan County

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Key Card #: \_\_\_\_\_

User will pick up  
Deposit check.

Mail Deposit check to User.

Damage Deposit Received: \_\_\_\_\_

Other: see note below

Name of person receiving Key card & Hex key: \_\_\_\_\_



Post-Facility Use

\_\_\_\_\_ Date Key & Hex key Returned

\_\_\_\_\_ Date Facility Inspected:  OK  Needs cleaning  Damage to Report

\_\_\_\_\_ Deposit returned

\_\_\_\_\_  
District Employee Signature

\_\_\_\_\_  
Date

Notes:

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