

## Intermediate Playground Restroom Key Agreement:

I agree to make sure that the restrooms are checked after use. The following checklist will be completed after use:

- Trash shall be picked up
- Lights shall be turned off
- Toilets shall be flushed
- Restrooms shall be locked
- If supplies are needed, Bob Lambert will be notified at 208-596-3780 or robert.lambert@psd285.org

I also agree that I will not make any duplicate of the key to the restrooms, and will return the key to the District Office immediately following the end of the event or program that is needing use of the facilities.

I understand that if the key is lost or not returned within the agreed time frame that I will be responsible for the cost of new padlocks and keys.

Starting Date of Event: \_\_\_\_\_

Ending Date of Event: \_\_\_\_\_

Key Return Date: \_\_\_\_\_

Group or Organization: \_\_\_\_\_

Name of person that the key is issued to: \_\_\_\_\_

Phone number of Contact Person: \_\_\_\_\_

Email of Contact Person: \_\_\_\_\_

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

**\$50.00 Key Deposit Required**