

GALLATIN COUNTY BOARD OF EDUCATION  
600 MAIN STREET, P. O. BOX 147  
WARSAW, KY 41095  
Phone (859) 567-2828, Fax (859) 567-4528

REQUEST FOR RENTAL/USE OF FACILITIES APPLICATION

Gallatin Co Sheriff Office  
NAME OF REQUESTING ORGANIZATION

School Bus  
AREA OF THE FACILITY

SHERIFF Josh NEALE  
PERSON WHO WILL BE PRESENT AND  
SUPERVISING THE ACTIVITY

DATE(S) THE FACILITY IS REQUIRED  
FROM 3 a.m. (p.m.) TO 9 a.m., (p.m.)  
(Please circle a.m. or p.m.)

IF THIS IS A CONTINUING REQUEST, INDICATE THE DURATION BELOW:

Beginning: 12-16 + 12-20 and continuing through: \_\_\_\_\_

THE REQUEST AREA(S) OF THE FACILITY WILL BE USED FOR THE FOLLOWING ACTIVITIES:

To TRANSPORT KIDS TO WALMART IN CARROLLTON  
for shop w/cop program

SCHOOL EQUIPMENT TO BE USED:

APPROXIMATE # OF PERSONS: 20 each Day

☒ I request waiver of the rental fee.  
☐ I request waiver of the charge for custodian.

I have read the Rules and Regulations for Community Use of School Facilities and agree on behalf of the requesting organization to assume personal responsibility for the proper use of the above named areas of the facility.

[Signature]  
SIGNATURE OF PERSON MAKING  
REQUEST ON BEHALF OF THE  
ORGANIZATION

12/8/2022  
DATE

106 W MAIN ST.  
Address  
WARSAW KY 41095  
859 991  
Home 9516 Work \_\_\_\_\_  
TELEPHONE

AREA BELOW FOR OFFICIAL USE ONLY

BOARD CHAIRMAN \_\_\_\_\_ DATE \_\_\_\_\_

PRINCIPAL'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
APPROVED \_\_\_\_\_  
DISAPPROVED \_\_\_\_\_

SUPERINTENDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
APPROVED \_\_\_\_\_  
DISAPPROVED \_\_\_\_\_

STIPULATIONS: \_\_\_\_\_

RETURN TO THE OFFICE OF THE SUPERINTENDENT, ADDRESS ABOVE