



IWVRS Facility Use Policy Acknowledgement

I have read the IWVRS Facility Use Policy and agree to adhere to all terms set forth in this policy. I understand that violation of the policy can result in possible fees and/or termination of this organizations facility use privileges.

Requesting Party Signature: _____

Printed Name: _____

Title: _____

Organization: _____

Date: _____

IWVRS Internal Use:

Received BY: _____ Date: _____