



Facility Use Follow-Up Checklist
Form 7510 F3

Event Date & Time:
Event Title:
Room(s) Used:
Contact Person & Email:

Please let us know how the facility looked when you arrived:

Form with radio buttons for Yes/No/N/A and checkboxes for Coffee Pots, Windows & Doors, Lights, Bathrooms, and Room Setup.

Please check the following as you finish your event:

Form with radio buttons for Yes/No/N/A and checkboxes for Coffee Pots, Windows & Doors, Lights, Bathrooms, Food, Flames, Trash, and Security.

Print Name

Signature

Date and Time

Please return this completed form after your event by one of the following methods:

- 1. Drop in the Superintendent's mailbox in the mailroom
2. Email to janthony@eatonresa.org
3. Fax to Jodi Anthony at 517.543.6633