

# School Facility Use • Cancellation Notice

Today's Date \_\_\_\_\_

Permit # \_\_\_\_\_

**Name of Event:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Room(s):** \_\_\_\_\_

**Date(s):** \_\_\_\_\_ **Time(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reason for Cancellation:**

\_\_\_\_\_

\_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

**HOW TO CANCEL**

- Send completed form to:  
Franklin Community Education and Recreation Department, 8222 S 51<sup>st</sup> Street, Franklin WI 53132
- or fax completed form to: 414-423-4648 attn: Leah Voss
- or call: 414-423-4646 and ask for Leah Voss

|                       |   |
|-----------------------|---|
| Office<br>Use<br>Only | Date Notification was Received _____<br>By _____<br><b>Route to:</b> <input type="checkbox"/> Rec Dept <input type="checkbox"/> Building Secretary <input type="checkbox"/> Building Custodian I <input type="checkbox"/> Permit Holder |
|-----------------------|---|