

Administrative Directive 530
Attachment

REQUEST FOR USE OF STATE GROUNDS AND FACILITIES

It is the policy of Napa State Hospital to ensure that requests for the use of State grounds and facilities, by outside agencies, be presented to the Office of the Hospital Administrator.

Name of Organization: _____

Mail Address: _____ Business Phone: _____

Organization Contact Person: _____ Home Phone: _____

Mail Address: _____ Business Phone: _____

Organization Insurance Carrier: _____

Mail Address: _____ Business Phone: _____

Proof of Liability Insurance is here with attached.

, Request Approval to: Photograph _____ Videotape _____ Approved _____ Date: _____
Denied _____ Date: _____

2a) Request Use Of: McGrath Gymnasium _____ McGrath Swimming Pool _____
Ball Field _____ Camp Coombs _____ Magnolia Park _____
Other (please specify) _____

2b) Requested Time Of Use: _____
Month(s) Day(s) Hour(s)

2c) Briefly describe purpose of request and the intended use of the space: _____

For Use by Napa State Hospital

Space Available Yes _____ No _____

Approval Recommended: _____ Date _____ Approved _____ Denied _____
(Area/Department Manager)

Authorized Signature: _____ Date: _____ Authorized _____ Denied _____
(Hospital Administrator)

- c: File
- Director of CPS
- Police Chief
- Fire Chief
- Assistant to Executive Director (photo/video only)

FAX (707) 253-5075