



Department of Community & Cultural Services
Community Programs Division
 Ken Edwards Center, 1527 4th Street, Room 106, Santa Monica, CA 90403
 (310) 458-8300 Fax (310) 395-9683

PARK FACILITY USER CERTIFICATION FORM

Organization: _____ Contact Name: _____
 Organization Address: _____
 City: _____ Zip: _____
 Contact Address: _____
 City: _____ Zip: _____
 Contact Day Phone:(_____) _____ Fax:(_____) _____

SANTA MONICA RESIDENTS ATTACH PROOF OF RESIDENCY: Copy of picture I.D. or utility bill. If event is for an organization and a Santa Monica address is being used for fee purposes, it must be the address of the organization.

Description of organization purpose: _____

What service is provided to Santa Monica residents? _____

What percentage of your participants are Santa Monica residents? _____

What type of activities do you want to conduct in the park facilities? _____

Do you charge a fee for attendance at your meetings/events? _____

Do you request a donation from your participants? _____

Do you intend to serve food? _____ ALCOHOL IS PROHIBITED.

How often are you interested in using park facilities? _____

Estimated number of hours needed per park facility usage? _____

Are your meetings/events open to the general public? (optional) _____

If yes, how do you publicize your meetings/events? (optional) _____

Is your meeting/event sponsored by a City Department? _____

Name of Department: _____

501 (C) 3#: _____ Attach documentation

I declare under penalty of perjury that the above information is true and correct. I certify that I have read and agree to abide by the Park Facility Usage General Rules.

Signature: _____ Date: _____

Office Use Only
 Certification: Approved _____ Priority Use Level _____ Disapproved _____
 Proof of Residency: _____ Proof of Non-Profit Status: _____
 Staff Initials: _____ Date: _____