

**TRAILER ESTATES PARK AND RECREATION DISTRICT  
KITCHEN INSPECTION/MEETING ROOM INSPECTION  
AUTHORIZATION FORM PP 50**

NAME OF ORGANIZATION: \_\_\_\_\_

PERSON RESPONSIBLE/RESERVATION: \_\_\_\_\_

THIS IS VERIFICATION THAT THE RESERVED FACILITY HAS BEEN  
INSPECTED AND WAS LEFT IN THE SAME CONDITION IT WAS WHEN IT WAS  
RESERVED.

\_\_\_\_\_ KITCHEN MEETING ROOM \_\_\_\_\_

INSPECTED BY:

\_\_\_\_\_  
Signature (MAINTENANCE STAFF/KITCHEN MANAGER/DESIGNEE)

\_\_\_\_\_  
Date

For Your Information: CHECKS, FOR THE RETURN OF THE DEPOSIT, WILL BE  
WRITTEN ON TUESDAY AND CAN BE PICKED UP FROM THE TRAILER  
ESTATES OFFICE AFTER 11:00 A.M.

Comments: