Marina Vista Center/ Community Room

Recurring Facility Use Request

825 Imperial Beach Blvd., Imperial Beach, CA 91932 Ph: (619) 423-8303 or (619) 628-2346
www.cityofib.com

Today's Date: _____

Group/Organization Name:_____

Applicant's Name:_____Phone #:_____

Address:_____

City:_____State:_____Zip Code:_____

E-mail:_____

Description of Event/Meeting:_____

Events will be approved by calendar year (January to December).

Calendar year:_____

Please identify the number of times you are requesting the facility during the current calendar year:_____

Dates Facility
Requested:_____

_____

_____

Times Requested:_____

For Office Use Only

Received by:_____ Date:_____

All Dates approved: ☐ Yes ☐ No
*(If no, which dates are approved)*_____

Approved by:_____ Date:_____

Signed:_____