

**East Ramapo Central School District
105 South Madison Ave
Spring Valley, NY 10977**

RESTROOM ACKNOWLEDGEMENT

I/We _____ acknowledge that my/our failure to strictly comply with all the rules and regulations of the East Ramapo Central School District in their entirety as set forth in our permits, including but not limited to the use of the restrooms in the school building on the premises, will result in its immediate revocation.

Date: _____

Name of Organization: _____

Contact Name: _____

Contact Number: _____

Signature: _____

This form must be signed and returned to: Office of Funded Programs/Building Permits at the above address.