APPLICATION FOR USE OF KLEINWOOD MUNICIPAL UTILITY DISTRICT OFFICE 16530 KLEINWOOD DRIVE 281-685-1275

Applicant:	
Address:	
Daytime Telephone:	
Home Telephone:	
FUNCTION TO BE CON	IDUCTED IN THE OFFICE:
Date Requested:	
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Hours of Use:	
Number of Persons:	
Security Required:	
Key Provided:	
Key Returned:	
Application attached he rules and conditions for abide by the rules and	ed Applicant, do hereby certify that I have read the Office Use Agreement and reto and that I have been provided a copy of the Agreement. I understand the the use of the office and I also understand that by using the office I consent to conditions. I further agree to indemnify Kleinwood Municipal Utility District (the Manager for my use of the office as set forth below.
("Applicant") hereby agr Directors and the Office any and all suits, actions on account of any inju sustained by any persor or surrounding grounds,	n for the use of the office owned by the District, the undersigned Applicantees to indemnify, save and hold harmless, and defend the District, its Board of Manager and all their agents, representatives, employees, and consultants from s, or claims of any character, type, brought or made by any person or entity for owneries or damages received or sustained or alleged to have been received on or entity arising out of or related to or occasioned by Applicant's use of the office whether caused by the sole negligence of Applicant, the sole negligence of the nager or a combination thereof, or the negligence of any other person or entity.
Signed this	<u> </u>
	"APPLICANT"
	Signed:
	Print Name: