



**City of Bowie
Kenhill Center Leasing Application**

Date of Application: _____

Organization Name: _____

Name of Contact Person: _____

Mailing Address: _____

Phone: (check box for Primary) Home _____ Work _____ Cell _____

Email: _____

Type of use: (office, storage – if storage what materials, etc.) _____

Square footage required to lease: _____

Layout required: (e.g. 10 X 10 office and 15 X20 conference room) _____

Hours needing access: (provide day of week and time of day) _____

Average Number of Occupants: (adults, children) _____

Additional temporary meeting space required: (per hour rental) _____

Please attach a copy of your 501C-3 documents.

Comments:

Office use only:

Received:

Date: _____

Name: _____