

MINISTRY OF HEALTH AND SOCIAL DEVELOPMENT SOCIAL DEVELOPMENT DEPARTMENT

ROAD TOWN, TORTOLA BRITISH VIRGIN ISLANDS

REQUEST TO USE COMMUNITY CENTRE

Valarie O. Thomas		Belle Vue
West End		East End/Long Look
Abraham Leonard		Long Trench/Fahie Hill
Brewer's Bay		Road Town
Cane Garden Bay		Purcell Estate
Date:		
Name of Applicant:		
Purpose for using Centre:		
Day (s) requesting use of Centre:		
From:	To:	
Time (s) requesting:		
From:	To:	
Contact Person:	(Contact No.:
	osit is required a	ne area used immediately after use. nd is refunded once the building is action.
Signature of Applicant		
Official Use Only		
Amount Paid:	I	Deposit Refunded:
Refund Received by:	Т	Date Received: