



Free Clinic of Simi Valley Multi Services Center

Agency Application

Information

Agency Name: _____ Date: _____

Address: _____
Street Address *Unit #*

_____ _____
City *State* *ZIP Code*

Agency Phone: _____ Primary Contact Email _____

Agency Website: _____ Second Contact Email _____

Space Request

Days of Use: _____

Hours: _____ Internet? YES NO

Special Needs: _____ Describe Type of Service: _____

Shareable Space? YES NO How Often? _____

Additional Information

How do you hope to use our facilities? For example: A business office, interviews, client services, etc.

Disclaimer and Signature

If this application leads to inclusion in the Free Clinic of Simi Valley – Multi Services Center, I understand that our agency will be assessed a rental fee based on square footage, cost of utilities, common area maintenance.

Signature: _____ Date: _____

Free Clinic Notes: