



AGREEMENT of COMPLIANCE
with Capitol Square Review and Advisory Board Rules

I have read and understand the Capitol Square Special Event Policies and Procedures and sections 128-4-01 to 128-4-06 of the Ohio Administrative Code.

By signing this Agreement of Compliance Form, I agree to comply with all Capitol Square Special Event Policies and Procedures and sections 128-4-01 to 128-4-06 of the Ohio Administrative Code.

Date of Event

Permit Holder Organization

Permit Holder's Name (please print clearly)

Permit Holder's Signature

Today's Date

A copy of the Capitol Square Special Event Policies and Procedures and sections 128-4-01 to 128-4-06 of the Ohio Administrative Code are available at OhioStatehouse.org or by contacting the Capitol Square Review and Advisory Board office at 614/752-9777.