

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

The Muslim Community of the Quad Cities, Bettendorf, Iowa  
2115 Kimberley Rd, Bettendorf, IA 52722  
website: www.mcqc.org

**Facility Access Authorization Request**

**Personal Information**

Name:
Address:
City/State/Zip:
Phone No:
Email Address:

**Reason for the Facility Access**

<input type="checkbox"/> Daily Prayers
<input type="checkbox"/> Facility Maintenance/Custodial
<input type="checkbox"/> Teacher
<input type="checkbox"/> Volunteer
<input type="checkbox"/> Staff
<input type="checkbox"/> Others (Specify)

I, the undersigned, hereby agree to the following policy (subject to change as necessary).

1. The access control card will never be shared or loaned to anyone other than the members of my household.
2. In case the card is lost, I will immediately notify the Shura secretary
3. I understand, I am accountable for all resulting actions and consequences associated with
  - a. losing my card
  - b. actions by others, if I allow them to use my card.
4. I agree to return the card to the Shura secretary as soon as my reason for eligibility ends.
5. I will pay \$10 for the cost of replacement card.

Signature/Date:

Office Use Only:

Approved by: \_\_\_\_\_

Card No: \_\_\_\_\_

Issued On: \_\_\_\_\_