



**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

\_\_\_\_\_  
Wedding Client's Name (please print clearly)

\_\_\_\_\_  
Wedding Client'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](http://OhioStatehouse.org) or by contacting the Capitol Square Review and Advisory Board office at 614/752-9777.*