

REQUEST FOR USE OF TOWN HALL FACILITIES

YEAR 20_____

ORGANIZATION_____

REPRESENTATIVE_____OFFICE_____

ADDRESS_____ DAYTIME PHONE_____

DATE(S) REQUESTED_____

PURPOSE OF REQUEST _____ DOORS OPEN ___ TO _____

FACILITIES REQUESTED

AUDITORIUM _____

Community Room _____

Kitchen Y N

Meeting Room A _____

Meeting Room B _____

Only requested date(s), once confirmed will be guaranteed. Cancellations must be made within two business days prior to event.

Notations: _____

MONTHLY MEETING SCHEDULE

Jan. _____ July _____

Feb. _____ Aug. _____

March _____ Sept. _____

April _____ Oct. _____

May _____ Nov. _____

June _____ De. _____

Security Deposit (if required) \$ _____

Payable with application \$ _____

I (WE) UNDERSTAND AND AGREE THAT OUR ORGANIZATION WILL BE CHARGED FOR ANY DAMAGES INCURRED TO THE PROPERTY DURING OUR USE.

I (WE) UNDERSTAND AND AGREE THAT THIS AUTHORIZATION AND APPROVAL IS SUBJECT TO EMERGENCY CONDITIONS AND RESTRICTIONS THAT MIGHT LATER BE IMPOSED BY EVENTS AND CIRCUMSTANCES BEYOND HUMAN CONTROL.

I (WE) UNDERSTAND AND AGREE THAT THE LIGONIER BOROUGH COUNCIL OR TOWN HALL COMMITTEE RESERVES THE RIGHT TO REJECT ANY CONTRACTS FOR THE USE OF THE FACILITY/FACILITIES REQUESTED.

I (WE) HAVE READ AND RECEIVED A COPY OF THE RULES AND REGULATIONS FOR RENTING THIS FACILITY AND BY SIGNATURE BELOW DO HEREBY AGREE.

SIGNATURE : _____ DATE: _____

AFTER 10:30 PM MONDAY-FRIDAY, A CUSTODIAL FEE AT TIME AND A HALF + BENEFITS WILL BE ASSESSED. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 724-238-9852.

***FOR BOROUGH USE ONLY**

DATE APPLICATION APPROVED _____ OR DENIED _____

FOR LIGONIER BOROUGH

REVISED: 5/10/2012