



# TOWN of SABATTUS

## Facility Use Request Form

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Date of submission \_\_\_\_\_

Date of receipt \_\_\_\_\_

Date (s) desired \_\_\_\_\_ Day of the week \_\_\_\_\_ Hours \_\_\_\_\_  
*(start & end time)*

Additional dates & times \_\_\_\_\_  
*(i.e. first Mon of every month)*

Sponsoring organization \_\_\_\_\_

Activity/Purpose \_\_\_\_\_

Who will be participating/attending? \_\_\_\_\_

Facilities to be used: \_\_\_\_\_  
*(please specify which room or facility you are requesting. Use of any equipment requires written approval of the town manager or designee.)*

Equipment requested \_\_\_\_\_  
*(other than tables and chairs)*

Person making the request

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
*(Please print)*

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Alternate contact telephone \_\_\_\_\_

Person responsible for supervising the activity *(if different from the person making the request)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
*(Please print)*

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Alternate contact telephone \_\_\_\_\_

I agree to all requirements and stipulations in the Town of Sabattus Facility Use Policy.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Approved as presented \_\_\_\_\_  
*Town Manager/Designee* \_\_\_\_\_  
*Date*