TOWN OF THOMASTON
TOWN PARKS/TOWN HALL COMPLEX USAGE REQUEST FORM
(Choose One: TOWN HALL COMPLEX/SETH THOMAS PARK/KENEA PARK/VETERAN'S PARK)

APPLICANT’S NAME ________________________________

MAILING ADDRESS ________________________________________________________________

TELEPHONE NUMBER _______________________________________________________________

REQUESTING ORGANIZATION__________________________________________________________

FUNCTION _________________________________________________________________________

DATE (s) REQUESTED                        ARRIVAL TIME                        FINISH TIME

________________________________________  ____________________________  _____________

________________________________________  ____________________________  _____________

________________________________________  ____________________________  _____________

(IF NEEDED, PLEASE WRITE ADDITIONAL DATES ON A SEPARATE SHEET AND ATTACH)

TOTAL NUMBER OF SPECTATORS______________

IS ELECTRICAL POWER NEEDED?_____________  ARE BARRICADES NEEDED?______________

ON A SEPARATE SHEET, PLEASE PROVIDE A DETAILED SUMMARY OF THIS EVENT.

SIGNATURE OF APPLICANT:__________________________________________________________

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OFFICE USE ONLY

Certificate of Insurance Received _____________

Copy of IRS 501C(3) Determination Letter Received _____________

Payment Received Ck.#_______Cash_______ Amount Due____________________________

First Selectman Signature:__________________________________________________________

Chief of Police Signature:__________________________________________________________

Highway Superintendent Signature:__________________________________________________

Fire Marshal Signature:______________________________________________________________

Rev. 4/17/13 (D.B.)
Park usage application