

Facility Request Form

Today's Date: _____

Name of Organization or Group: _____

Address: _____

Phone Number: _____

Type of Organization: _____

Room you are requesting: _____

Date Needed: _____ Time: _____

What type of Activity: _____

Name and address of responsible party/parties: _____

Phone Number: _____

I/we hereby request the use of the above facility/facilities of the Town of Triana. If permission is granted for said usage, I/we agree to be held totally responsible for all damages within or on said premises. The Town will not be held liable for any injury or accidents that may result.

Signature

Date

.....
To Be Completed By Clerk:

Fee: _____

Fee Waived: _____

Approved: _____

Denied: _____