

SAFETY COMPLEX COMMUNITY ROOM REQUEST

DATE REQUESTED: _____

ORGANIZATION: _____

CONTACT PERSON: _____

PHONE: _(____)_____-_____ **CELL:**_(____)_____-_____

DATE:	TIME:	DATE:	TIME:

I _____ agree to assuring that the multi-purpose room at the

Print Name

Safety Complex will be cleaned and left in an orderly fashion. I agree that if the room is
not left clean and orderly that I will be responsible for any and all cost to restore the
room. _____

Signature

Date

Approved by:	
Michael Williams Fire Chief _____	Date _____
Ray Pelton Police Chief _____	Date _____
William Herman Town Administrator _____	Date _____

PARKING: Parking will be in the front of the building away from the Safety Complex. If additional parking is needed the gravel parking lot to the left of the Safety Complex shall be used.
NO PARKING AGAINST THE BUILDING

NOTE: If keys are not returned you will not be given another key, and your room privilege will be revoked until the key is returned.
(Please slip key under the Police Dept. window)

INITIALS: _____

AFTER HOURS: Also, lock the doors to both the room and the building before leaving. If the doors are left unlocked on more than one occasion you will no longer be able to use the safety complex room after hours of operations.

INITIALS: _____