

SAFETY COMPLEX COMMUNITY ROOM REQUEST

DATE OF REQUEST: _____

ORGANIZATION: _____

CONTACT PERSON: _____

PHONE: _____

REQUESTED DATE (S) FOR USE: _____

TIME (S): _____

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.

Approved by:

Bruce Phillips
Fire Chief

Edward Picard
Police Chief

William Herman
Town Administrator

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**