

APPLICATION FOR USE OF COMMUNITY ROOM

Applicant shall be responsible party for the group or persons applying for this permit.

OFFICE USE ONLY
APPLICATION #: _____
DATE RECEIVED: _____

NAME OF GROUP: _____
NAME OF APPLICANT: _____
ADDRESS: _____
PHONE #: (H) _____
(W) _____

EMERGENCY PHONE #: _____

DATES REQUESTED: If more than one date is being requested, please list all of the dates and times.

JAN: _____
FEB: _____
MAR: _____
APR: _____
MAY: _____
JUN: _____
JUL: _____
AUG: _____
SEP: _____
OCT: _____
NOV: _____
DEC: _____

** Applicant shall attach a Certificate of Insurance naming the Borough of Hatfield as additional insured or sign the attached Indemnification Statement. Applicant shall also sign the attached Liability and Responsibility Statements.

BOROUGH OFFICE USE ONLY

APPROVAL STATUS

Indemnification: Insurance _____ Statement: _____
Liability Statement: Yes _____ No _____
Responsibility Statement: Yes _____ No _____
Approval: _____ Date: _____
Borough Secretary