

Date: Request Approved _____ Date: Request Denied _____ Initials _____

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: _____

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: _____