

Request For The Use Of A Village Facility

To be completed by Authorized Person

TODAY'S DATE: _____

WHAT FACILITY IS BEING REQUESTED? _____

NAME OF RESPONSIBLE PERSON/ORGANIZATION: _____

ADDRESS: _____

PHONE NUMBER: _____

DATE OF USE: _____

TIME OF USE (Beginning and end): _____

WHAT IS THE OCCASION? _____

DATE REQUEST RECEIVED BY DEPARTMENT: _____ Initials: _____

APPROVED BY DEPARTMENT: YES NO

APPROVED BY: _____ DATE: _____

Please Provide the Following With This Request

- 1) Copy of letter from Responsible Person/Organization
- 2) Insurance Binder-***The Insurance Binder must name the Village of Canastota as an additional insured. The Insurance Binder must have a minimum of \$300,000.00 in liability coverage.***

To be completed by the Village Clerk's Office

DATE REQUEST RECEIVED BY THE VILLAGE OF CANASTOTA CLERK'S OFFICE : _____

INSURANCE BINDER ATTACHED WITH THE CORRECT INFORMATION: YES _____ NO _____

DATE SUBMITTED TO VILLAGE BOARD: _____

RECOMMENDATION OF VILLAGE BOARD: APPROVED _____ DENIED _____

APPROVED BY: _____