

# Facility Use Request Form

## Village of St. Johnsville

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Day(s) and time(s): \_\_\_\_\_

Purpose: \_\_\_\_\_

Approved: \_\_\_\_\_ Insurance required? YES \_\_\_\_\_ NO \_\_\_\_\_

Denied for following reason(s): \_\_\_\_\_

Amount paid (if required): \_\_\_\_\_

I agree to all terms and conditions for use of the facility in question as listed in the Village's Facilities Use Policy

Signature and Date: \_\_\_\_\_