

Town of Williamsburg
Application for Use of Town Facilities

Name of person in charge: _____

Name of organization: _____

Space requested: _____

Date(s) requested: _____

Time: from _____ to _____

Purpose: _____

Equipment or special arrangements: _____

Will admission be charged: _____

.....

I certify that I am official representative of the organization and have authority to act for the organization, I have read the policy on the use of town facilities, and I guarantee that that the organization will comply with all requirements.

Date: _____ Signature: _____

Position: _____

Telephone: _____ Email: _____

.....

Approval by Board of Selectmen or designee:

Conditions: _____

Date: _____ Signature: _____