

**Town of Somers
Application for Building Usage
2013-2014**

Building Being Requested (i.e., Kibbe Fuller, Town Hall): _____

Organization:	
Address/City/State/Zip:	
Contact Name:	
Telephone No:	Cell No:
Email Address:	

As a representative of my organization, I have read the rules and regulations regarding the Town of Somers Building Usage Policy as adopted, and signify the intent of our group to use them in accordance with said policy. I have attached a current copy of proof of insurance as coverage for this activity/program, which lists both the Town of Somers and the Somers Board of Education as additionally insured.

Date

Signature of Representative

No of Participants:	Room Req:	Admission Chg: ___Yes___No
Description of Activity/Program: _____ _____		

Date(s) Requested:
Time:
Special Requests: _____ _____

When using this facility on the weekends, you must make arrangements to remove your trash. The restrooms are cleaned and re-stocked with paper products on Fridays; we are not responsible for maintaining the facilities over the weekend. You must also ensure that the facility is returned to its prior condition and that all outside doors are locked, windows closed, lights turned off, and heat lowered.

Office Use Only

Request Granted: _____	Comments: _____
Request Denied: _____	Comments: _____
Police Required: ___Yes___No	
Usage Fee to be Charged: \$ _____	Paid On; _____ Check #/Cash: _____

Date

Town Representative