

TOWN OF SPRINGFIELD 2750 MAIN STREET, PO BOX 22 SPRINGFIELD, NH 03284-0122 PHONE (603)763-4805

Application for use of Town Facilities

Name:		
Phone:	Date & Time requested:	
Facility: please initial below the locatio Town Hall/Church	on/services requested	
Upper level Fire Station Meeting Room	Lower level	
Library Upper level	Lower level	
Recreation Field Other:		_
Describe Activity to be held:		
Custodial Services Requested Police Services Requested Officer:		
Fees:		
Basic: \$25 (check #) Custodial: \$20 per hr. (check #)	Wedding/Reception: \$50 (check #) Police:)
Deposit: \$100 (check #)		
	t may occur to the Town Facility and/or equipment No alcohol is permitted on/in any of the town facilities	
and representatives harmless from all su any attendees at such function, or other food and beverages served at the above to any claims of any nature arising in co	emnify and hold the Town of Springfield, its employed uits, actions, claims, in equity or at law, for damages at third parties, resulting from the use of the premises, edescribed function. In addition, if the Town is required number on the applicant's use of the all costs, fees, charges, and attorney's fees which many	asserted by or from the red to respond he premises,
Springfield Select Board written confirm	to such scheduled function, the applicant shall furnish mation from their insurance company that the applica vering the event in the amount not less than \$300,000	nt has
Applicant Signature		
Has been granted () has not been g	ranted () permission.	
Select Board		
Librarian or Trustee		
Custodian		
Police Chief		