

REGION OF QUEENS MUNICIPALITY

Request for Facility Use Form

Details

1. Name/Contact: _____

2. Organization: _____

3. Address: _____

4. Phone: (w)_____ (h)_____

(fax)_____ (e-mail)_____

5. Type of event. Please provide full details, including number of people expected:

6. Facility Requested: _____

**Region of Queens Municipality
Request for Facility Use Form
PAGE 2**

7. Date(s) of Event: _____

8. Starting Time of Event: _____

9. Finishing Time of Event: _____

Please Read the Following Carefully:

By signing this form, I agree to accept the costs of both site cleanup, if required, and damage to the property.

I also acknowledge that I have read and understand Policy # 54 of the Region of Queens Municipality, and agree to follow its specifications.

Signature

Date

(Office use only)

Approved: _____ Date: _____

Conditions (if any): _____
