

Date of Request: \_\_\_\_\_

### REQUEST FOR USE OF VILLAGE/TOWN COMMUNITY ROOM

Name of group requesting use: \_\_\_\_\_

Specific facilities requested: \_\_\_\_\_

Date(s) and times requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of activity to be conducted: \_\_\_\_\_  
\_\_\_\_\_

Equipment/Furnishings to be used: \_\_\_\_\_  
\_\_\_\_\_

Will kitchen facilities be used: \_\_\_\_\_

If yes, specifically indicate: \_\_\_\_\_

Names, addresses, and telephone numbers of two (2) adults taking responsibility for supervision of the group and proper maintenance of requested facilities and equipment.

1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

All governmental activities for the Village and Town of Eagle will take precedence over any requests. It will be the responsibility of the individuals indicated above to pay for any and all damages, which may occur as the result of improper use of the facility/equipment requested.

Approved: \_\_\_\_\_ You will be contacted regarding entry/exit procedures.

Denied for the following reason \_\_\_\_\_

\_\_\_\_\_  
Authorizing Signature

Cc: Village of Eagle  
Town of Eagle

If you have any questions, call 262-594-3400.  
Return form to Village of Eagle, 820 E Main St., P O Box 295, Eagle, WI 53119