

REQUEST FOR USE OF VILLAGE/TOWN COMMUNITY ROOM

Date of Request _____

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: _____	2) Name: _____
Address: _____	Address: _____
Phone: _____	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 to Village of Eagle, 820 E. Main Street PO Box 295
Eagle, WI 53119

