

Board of Trustees
Village of Black River, New York



FACILITIES USE APPLICATION

Name _____ Today's Date _____

Organization _____

Telephone # _____ Date & Hours Requested _____

Check Facility (ies) Requested:

Municipal Offices Meeting Room () Maple Street Park ()

Maple Street Recreation Building ()

Maple Street Pavilion ()

Other () (Please Specify) _____

*Certificate of Insurance provided? () Yes () No

Please give a brief description of planned activity: _____

Statement of Responsibility

I/We agree to assume responsibility for the facility/grounds requested above. I/We will ensure that all buildings and/or grounds are clean, neat, and returned to the physical condition in which they were found. **No alcoholic beverages or glass containers are allowed on the premises.**

Signature

OFFICE USE ONLY

Approved () at the _____ Village Board Meeting
Disapproved () at the _____ Village Board Meeting
Reason for disapproval _____
Signature _____ Date _____

Any person with a disability who may need to make special arrangements to use the above facility (ies) may do so by calling the Black River Village Office at 773-5721 during business hours at least three days in advance of the planned activity.

Thank you.