

Town of Walton  
129 North Street  
Walton, New York 13856  
607-865-5766

<b>OFFICE USE ONLY</b> _____ APPROVED _____ DENIED  _____ Signature
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APPLICATION FOR USE OF FACILITIES

I, \_\_\_\_\_ request permission to use:

\_\_\_\_\_ Veterans Plaza (\$50.00 Deposit required)      \_\_\_\_\_ More Park  
\_\_\_\_\_ Town Hall Board Room      \_\_\_\_\_ Highway Garage Parking Lot

Beginning Date \_\_\_\_\_ Time: From \_\_\_\_\_ to \_\_\_\_\_

Ending Date \_\_\_\_\_ Time: From \_\_\_\_\_ to \_\_\_\_\_

Est. Number of People \_\_\_\_\_

Type of Activity \_\_\_\_\_

PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

GENERAL RULES

*Initial each on line provided*

1. The applicant or the undersigned must be in attendance and is responsible for any damage to Town property as a result of the use of the premises. \_\_\_\_\_
2. The applicant/undersigned is responsible for leaving the premises in the same condition as when he or she found the premises on the beginning date as listed above. This includes, but not limited to picking up garbage and replacing furniture. The Veterans Plaza refund will be refunded if the premise is clean and free from any damages (to be determined by an inspection).
3. There shall be no gambling, smoking, illegal narcotics, or intoxicating beverages on Town property. \_\_\_\_\_
4. I understand that there is no liability or accident insurance provided by the Town for non-town functions. The applicant hereby agrees to indemnify and hold harmless the Town of Walton from any liability, including attorney's fees in the cost of defense that might occur as a result of the use of the town's premises by the applicant and those individuals using the premises as a result of this application. \_\_\_\_\_
5. I understand Liability Insurance may be required for certain functions at the discretion of the Walton Town Board. \_\_\_\_\_
6. I understand there is no parking in the green area of Veterans Plaza, a municipal parking lot is available adjacent to the green space area. \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant