

# TOWN OF OTTAWA FACILITY USE AGREEMENT

This form must be completed in its entirety and submitted to the Town of Ottawa, W360 S3337 Hwy 67, Dousman, WI 53118. A signed copy authorizing the use of the requested facility will be returned to requesting party prior to the use of facility. The appropriate fee should accompany request.

1. NAME OF PERSON AND/OR ORGANIZATION REQUESTING FACILITY:

\_\_\_\_\_

2. EVENT OR PURPOSE: \_\_\_\_\_

3. SPECIFIC DATE(S) REQUESTED: \_\_\_\_\_

4. TIME OF DAY REQUESTED: From: \_\_\_\_\_ To: \_\_\_\_\_

5. ESTIMATED ATTENDANCE: \_\_\_\_\_

6. CHECK THE LOCATION/PERMIT DESIRED:

\_\_\_\_ North Diamond

\_\_\_\_ Volleyball courts

\_\_\_\_ East Diamond

\_\_\_\_ Picnic Area/Shelter

\_\_\_\_ West Diamond

\_\_\_\_ ½ Pavilion \_\_\_\_ Full Pavilion

\_\_\_\_ T-Ball fields

\_\_\_\_ Alcohol permit (no glass containers)

7. DATE OF APPLICATION: \_\_\_\_\_

8. PRINT NAME, ADDRESS AND PHONE # OF APPLICANT:

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Phone \_\_\_\_\_

SIGNATURE OF RESPONSIBLE PARTY \_\_\_\_\_

\* Responsible Party is defined in Park Rules above

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TOWN of OTTAWA Personnel below  
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RENTAL FEE (if required): \_\_\_\_\_

AUTHORIZATION STATEMENT: You are authorized to use the facilities requested above.

A. Minimum limits of Liability Insurance: \_\_\_\_\_

B. Exceptions to areas requested: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Park Supervisor or Town Park Supervisor