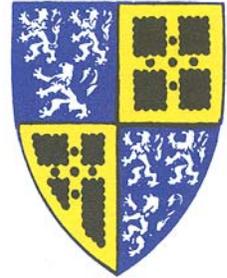


APPLICATION FOR USE OF TOWN HALL ROOMS

Town of Old Saybrook
Office of the First Selectman
302 Main Street
(860) 395-3123



1st Floor Conference Room 2nd Floor Conference Room Cafe

DATE OF APPLICATION: _____

ORGANIZATION: _____

ADDRESS: _____

CONTACT NAME: _____

CONTACT TELEPHONE: _____

CONTACT EMAIL: _____

DATE REQUESTED: _____

EVENT TIME START: _____ FINISH: _____

EVENT DESCRIPTION: _____

NUMBER OF ATTENDEES: _____

SPECIAL INSTRUCTIONS (Table and chair arrangement, podium, etc.):

PLEASE SEE ATTACHED TOWN POLICY FOR FEE, INSURANCE AND OTHER REQUIREMENTS AND CONDITIONS.

I have read the Town of Old Saybrook's Town Hall Room Usage Policy and agree to adhere to the requirements and conditions contained therein.

Signed: _____ Date: _____

This section for Selectman's Office Use:

Application Approved: _____ Date: _____

Date entered in calendar: _____

Proof of Insurance received: _____ Fee received (if applicable): _____