FOR OFFICE USE ONLY
CLERKS INITIALS
DATE

GREENVILLE TOWN OFFICE MEETING FACILITY

7 MINDEN STREET P 207-695-2421 F 207-695-4611

REQUEST FOR USE OF FACILITY

DATES OF EVENT $_{ extstyle }$	TIME(S)	
ORGANIZATION		
CONTACT NAME_		
CONTACT PHONE	JMBER	
	Facility Use Agreement	
<u>sign below.</u>	the conditions of use. Please read thoroughly an Signing below indicates that you have read and and your responsibilities for use of facilities.	<u>d</u>
items, putting	on agrees to help keep facilities clean by picking up trash furniture back in place and other small tasks necessary to ilities stay clean.	
_	on agrees that any damage caused will be the FULL of the organization that has requested use of our facility.	
the event (su Please check	on agrees to request certain equipment well in advance of as projector or tv) and is responsible for any damages. off any equipment needed: TV Computer Coffee Maker	F
rights to den	on understands that the Town of Greenville retains the the use of the facilities to any group which has not appropriate conduct and care of the facilities on previous	5
SIGNATURE	DATE	

Please note that if your organization needs the facilities after hours or on the weekends, you will need to contact the police department to unlock the door. There may be a delay if the officer is on a call.