

TOWN OF SPRINGFIELD
2750 MAIN STREET, PO BOX 22
SPRINGFIELD, NH 03284-0122
PHONE (603)763-4805 FAX (603)763-3336
www.springfieldnh.net

Application for use of Town Facilities

Name _____

Address _____

Phone _____

Date & Time Requested _____

Facility:

Town Hall/Church Upper _____ Lower _____ Both _____

Recreation Field Upper _____ Lower _____ Both _____

Memorial Building Lower Meeting Room _____

Library Meeting Room _____

Fire Station Meeting Room _____

Other _____

Purpose: _____

Custodial Services Required Yes _____ No _____

Custodian _____ Date _____ Charge _____

Police Services Required Yes _____ No _____

Police Officer _____ Date _____ Charge _____

Agreement for use of Town Facilities

Charges:	No Charge	_____
	Basic Fee	\$25 _____
	Wedding/Reception	\$50 _____
	Custodial	\$20 per/hr _____
	Police	\$45 per/hr _____
	Deposit	\$100 _____

I/We understate that any and all damages that may occur to the Town Facility and/or equipment will be assessed and billed to the applicant. No alcohol is permitted on/in any of the town facilities. Coverage of liability insurance is the responsibility of the applicant.

Applicant _____

Has been granted () has not been granted () permission.

Board of Selectmen _____

Librarian or Trustee _____

Fire Department _____