

**Town of Topsham**  
100 Main Street  
Topsham, ME 04086  
Fax - (207)725-1732

REQUEST FOR USE OF FACILITIES AND EQUIPMENT

(Please submit in duplicate.)

DATE SUBMITTED: \_\_\_\_\_

FROM: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
(Person Assuming Responsibility)

e-mail address: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REPRESENTING: \_\_\_\_\_  
(Organization, Club, etc.)

I request the use of \_\_\_\_\_  
(Building, Room(s) or Equipment--Be Specific)

FOR: (Describe Activities in Detail) \_\_\_\_\_

Will admission be charged? \_\_\_\_\_

LIST DATE(S) and TIME: \_\_\_\_\_

Reoccurrence(If any): \_\_\_\_\_

I understand that any equipment will be returned in the same condition as when it was loaned, and further understand that I or the organization that I am representing will be billed for rent or custodial fees, if charges are applicable as established by the Board of Selectmen. I also understand that I or the organization I represent are bound by the rules governing the use of town facilities.

\_\_\_\_\_  
(Signature)

(DO NOT WRITE BELOW THIS LINE)

Approved [  ]

Custodial Fees to be charged \_\_\_\_\_

Denied [  ]

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)

[  ] Facility Schedule \_\_\_\_\_ Initials

Board of Selectmen Approval 3/08