

CITY OF CARMEL FACILITY USE REQUEST FORM

Name/Organization: _____

Point of Contact: _____

Address: _____

City, State, Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____ Fax Number () _____

For Profit Organization: _____ Non-Profit Organization: _____ Individual: _____

Day and Date Requested: _____

Time Requested: _____ a.m./p.m. to: _____ a.m./p.m. (This includes set-up and clean-up time.)

Rehearsal Date: _____ Time: _____ a.m./p.m. to _____ a.m./p.m.

City Facility Requested: Gazebo ___ Fountain Area ___ Japanese Garden ___

Center Green ___ Caucus Room (1/3) ___ (2/3) ___ Council Chambers ___

Special Requests: Electricity ___ Fountain Restroom ___ Other _____

Purpose: _____ Number of People Expected: _____

Vendors: Yes ___ No ___ (See Item 5, City of Carmel Facility Use Policy attached)

City Street Closing: (See Item 9, City of Carmel Facility Use Policy attached)

Large or Race Events: _____

Neighborhood Street Closing (Street(s), Address(es) Blocked) _____

The Carmel Board of Public Works and Safety reserves the right, in its sole discretion, to deny any facility use request and/or revoke any previously granted request to use a City facility for any lawful reason.

Received this _____ day of _____, 201_____.

Mayor's Office

Revised: 04/16/2011

ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH CITY FACILITY USE POLICY

I have read and understand the City of Carmel, Indiana ("City") Facility Use Policy and agree to be bound by all the terms and conditions set forth therein.

I will leave the City facility I use in the same condition that it was immediately prior to my use thereof. I agree to pay for any damage, repair or clean-up costs incurred by the City as a result of my use of a City facility.

I hereby certify that I, and the organization I represent, if applicable, agree to be bound by the City's Facility Use Policy and by any addition conditions or restrictions placed upon my/our use of a City facility by the Board. I understand that the Board has the right to deny, alter or revoke my request for the use of a City facility for any lawful reason. I and/or my organization also agree to indemnify and hold harmless the City of Carmel and all of its directors, officers, employees, agents and affiliates from any claims of whatever nature (whether foreseeable or not) arising from or in connection with this Application for any damages, costs or expenses incurred directly or indirectly as a result of my/our use of the City-owned facility and/or property.

Please sign below and deliver or mail the completed form to the City of Carmel, Attn: Lobby Reception Desk, One Civic Square, Carmel, Indiana 46032.

Approved this ____ day of _____, 201__.

CITY OF CARMEL, INDIANA

By and Through its Board of Public Works and Safety

Name of Organization/Applicant

Signature of Authorized Agent/
Applicant

James Brainard, Presiding Officer
Date: _____

Printed Name and Title (If applicable)

Mary Ann Burke, Member
Date: _____

Address of Organization/Applicant

Lori Watson, Member
Date: _____

Date: _____

ATTEST:

Diana L. Cordray, IAMC, Clerk-Treasurer
Date: _____

Special Conditions: _____
