

Town of Ira

Application for Use of the Ira Town Hall

Name of Applicant: _____

Address: _____

Telephone: _____ Cell # _____

Requested Date: _____

Length of Time Requested: _____

Purpose for Use: _____

Name and Address of Responsible Party (must be over 21 years of age) _____

Address

Phone

Alcohol Planned: _____ Yes _____ No

I/we hereby agree to indemnify and save the Town of Ira harmless from any all claims which may arise from my/our use of the Ira Town Hall.

Signature of Applicant

Date

Signature of Applicant

Date

Approved this _____ day of _____, 20__.

Subject to the following additional requirements: _____

Select Board (at least 2 signatures require)