



Town of Albany

1972-A NH Route 16
Albany, New Hampshire 03818
Tel. 603-447-6038 * FAX 603-452-5633
EMAIL contact@albanynh.org

Municipal Facility Use Application

Organization (if applicable) _____

Name of Applicant/Authorized Representative of Organization _____

Mailing Address _____

Home Phone _____ Work Phone _____ Email Address _____

Date(s) Requested _____ Time(s) Requested _____

If multiple dates are requested is the storage of materials at this facility requested? _____

If yes, please describe: _____

Est. Attending _____ # Residents _____ # Non-Residents _____

Please provide a brief description of the event: _____

Will alcoholic beverages be served? _____ If yes, Waiver of Liability must be submitted.

Will professional caterer be used? _____ If yes, copy of business license may be required.

Approval to use municipal facilities will not be granted unless the following conditions and polices & procedures are agreed upon: The on-site supervisor must be at least 21 years of age and be present at all times during the activity proposed. The on-site supervisor also assumes responsibility to comply with and pay fees in accordance with the Municipal Facility Use Policies & Procedures. **Signature below by the applicant and on-site supervisor indicates receipt of and agreement with the Municipal Facility Use Policies & Procedures.**

Signature of Applicant & On-Site Supervisor _____ Date _____

Do you charge a fee? * _____

*Meaning acceptance of admission, participation fee or donations not being provided to a charitable organization.

Do you pay your Supervisor? _____

Fee Schedule

