

VILLAGE OF ALTAMONT

PO Box 643 Altamont NY 12009  
Telephone: (518) 861-8554 Fax: (518) 861-5379

REQUEST FOR USE OF VILLAGE COMMUNITY ROOM

PERSON IN CHARGE: \_\_\_\_\_

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

ORGANIZATION: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_ TIME: \_\_\_\_\_ PHONE: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

NUMBER OF PERSONS EXPECTED: \_\_\_\_\_

RENTAL FEE: \$ \_\_\_\_\_ MAKE CHECKS PAYABLE TO THE "VILLAGE OF ALTAMONT".  
NON-REFUNDABLE POLICY IN EFFECT ON CANCELLATIONS

(Please refer to Village of Altamont Facilities Rental Fee Schedule)

Caterer : \_\_\_\_\_ (Caterer must submit Certificate of Insurance prior to event)

ALCOHOL BEVERAGE PERMIT

PERSON IN CHARGE: \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_

MAKE OF CAR: \_\_\_\_\_ YEAR: \_\_\_\_\_

BEVERAGE: WINE:\_\_\_ BEER:\_\_\_ LIQUOR:\_\_\_ DATE APPROVED:\_\_\_\_\_ APPROVED BY: \_\_\_\_\_

In consideration of fee charged, it is understood that the person(s) in charge shall indemnify and save harmless the Village of Altamont and all its officials, agents or employees from all suits, actions or claims arising from the use of the Village facilities. A \$50 refundable security deposit is required. Community room is to be vacated in the condition to which it was rented otherwise the \$50 will be used to cover the cost of additional cleaning and/or trash removal to be done by Dept. of Public Works.

Signature of PERSON IN CHARGE: \_\_\_\_\_

<u>OFFICE USE ONLY</u>		
Date Request Received: _____	Date Approved: _____	Approved by: _____
Payment Received: _____	Method of Payment: _____	Received by: _____
Special Considerations For Use: _____		