

VILLAGE OF ALTAMONT PARKS DEPARTMENT

PO Box 643 Altamont NY 12009

Telephone: (518) 861-8554 Fax: (518) 861-5379

REQUEST FOR USE OF PARK FACILITIES

Check facility: ___ Large Pavilion – Bozenkill Park ___ Small Pavilion – Bozenkill Park
___ Orsini Park ___ Schilling Park Shelter

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.

Signature of PERSON IN CHARGE: _____

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