

FACILITY REQUEST FORM

TOWN OF HUBBARDSTON

Please complete this form in full and return to the Conservation Commissioners at least 30 days prior to the requested use date, to be reviewed and decided upon by the Conservation Commissioners and recommendations by Open Space Committee.

PLEASE NOTE:

Please include certificate of liability in the amount of \$1,000,000.00 naming the Town of Hubbardston as certificate holder for your event. Failure to provide this will delay your request.

- All applications will be reviewed and must be of benefit to the community.
- ALCOHOLIC BEVERAGES are NOT ALLOWED on any Town-owned property.
- The Permit MUST be in possession of the parties using the facility WHILE IN USE.
- All materials and equipment must be supplied by the parties using the facility, including toilet facilities if deemed necessary by the Conservation Commission.
- Those using the facility must provide maintenance. All refuse must be removed. Facility must be left in same or better condition as it was upon arrival.
- No Open Flames without Hubbardston Fire Department approval.
- Failure to abide by these stipulations and those specifically mentioned in your permit may jeopardize future use of the facility for yourself as well as others.
- Must notify Hubbardston Police Department regarding your event.
- **PLEASE KEEP THE POLICY AND RETURN REQUEST FORM WITH INSURANCE CERTIFICATE.**

FACILITY REQUEST FORM

CONSERVATION FACILITY REQUEST APPLICATION

PLEASE PRINT CLEARLY

Name or Organization:

Contact Person: _____ Second Contact Person: _____

Address: _____ Address: _____

Phone: (H) (w) Phone: (H) (W)

Facility Requested: ENTER DATE(S) AND SPECIFIC HOURS:

Explanation for use: (explain nature of activity):

WILL YOU BE CHARGING FEES, ADMISSION, REQUESTING DONATIONS, SELLING CONCESSIONS OR OTHERWISE HANDLING MONEY IN ASSOCIATION WITH THE USE OF THE FACILITY? YES ____ NO ____

Please Explain:

What will be done with profits realized from this usage?

FOR OFFICIAL USE ONLY

DATE RECEIVED: _____ CONDITION OF USAGE: _____

APPROVED: (CONSERVATION COM) _____ INSURANCE CERTIFICATE ATTACHED: _____

(OPEN SPACE) _____

(CHIEF OF POLICE) _____

(FIRE CHIEF) _____ COMMENTS: _____

***PLEASE NOTE THAT THE NEED FOR INSURANCE COVERAGE WILL BE DETERMINED ON A
CASE BY CASE BASIS***