

**Application for Use of the Town Park
Rochester, Vermont**

Name of Organization _____

Person making Application _____ Telephone Number _____

Date of Event _____ Hours of Event _____

Are Additional Days required for setup and clean up: ___ Yes ___ No

If yes, provide details: _____

Event (provide complete description)

Purpose of Event _____

For the Benefit of _____

A certificate of insurance may be requested.
Person or organization making application for use of the Park is responsible for cleanup.

Date _____ Signature of Applicant _____

Result of Selectboard Action:

Parking Granted: _____ Yes _____ No

Date _____

Application Form may be Amended at any time