

**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