



TOWN OF COLONIE BUILDING/FACILITY USE REQUEST

(1) Indicate Department/Facility to which application is being made:

- | | | |
|---|---|---|
| <input type="checkbox"/> Parks and Recreation
71 Schermerhorn Road
Cohoes, New York 12047
783-2760 | <input type="checkbox"/> Memorial Town Hall
Newtonville
New York 12128
783-2700 | <input type="checkbox"/> William K. Sanford Town Library
629 Albany Shaker Road
Loudonville, NY 12211
458-9274 |
| <input type="checkbox"/> TOC Historical & Cultural Arts Center
207 Old Niskayuna Road
Newtonville, NY 12128
783-1435 | <input type="checkbox"/> Community Center
1653 Central Avenue
Albany, New York 12205
456-2135 | <input type="checkbox"/> Senior Citizens Service
91 Fiddlers Lane
Latham, New York 12110
783-2824 |
| <input type="checkbox"/> Public Operations Center
347 Old Niskayuna Road
Latham, New York 12110 | <input type="checkbox"/> Municipal Training Center
100 Wade Road
Latham, New York 12110
783-2712 | <input type="checkbox"/> Public Safety Center
312 Wolf Road
Latham, New York 12110 |

IMPORTANT DIRECTIONS

- (2) All rooms, facilities and/or equipment shall be left in good condition. Organization will be responsible for any damage to Town property.
- (3) Damage to, or littering of, Town property will result in revocation of permit.
- (4) Attach copies of any publicity, advertisement and/or literature, and brochures to be distributed.
- (5) Permission to use Town facilities does not mean Town sponsorship. Liability and responsibility for injury and property damage lies with the Organization requesting use. Such Organization and/or its agents or assigns agrees to hold harmless and to defend and indemnify the Town of Colonie for any claims actions or proceedings which arise out of such use of Town facilities.
- (6) **The town may request that Applicant present a Certificate of Insurance, naming the Town of Colonie as Additional Insured, which certificate shall provide coverage acceptable to the Town. Proof of such insurance coverage must be filed with the Central Insurance Registry before a permit will be issued.**
- (7) Please call 10 business days prior to confirm request. If necessary to cancel, notify appropriate Department as soon as possible.
- (8) The town reserves the right to cancel any activity/use or to reassign an area as needed.

Date of Application _____ Received by _____

Name of Organization _____

Purpose of Organization _____

(Type, purpose or aims of group/organization)

Address of Organization _____ Phone No. _____

Name of Individual Filing Application _____ Phone No: _____

Address of Individual _____

Description of Activity _____

Building/Facility/Rooms Requested _____

Equipment or Set Up Required _____

Date of Activity _____ Hours Requested: From _____ To _____

Number of People _____

Will refreshments be sold Yes No If yes, specify _____

Will Alcohol be sold or served Yes No Quantity and Type _____

The undersigned hereby acknowledges that there may be additional Rules & Regulations pertaining to the use of certain Town facilities and agrees to comply with the same.

Signature _____ Date _____

Title _____

TO BE COMPLETED BY DEPARTMENT HEAD:

Department Action Approved Disapproved

Insurance Not Required

Permit Required

By _____

Insurance Authorization Code _____

Date _____ Title _____

Fee for Usage _____ Payment Received _____

Remarks _____