



## TOWN OF COLONIE BUILDING/FACILITY USE REQUEST

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

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

**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

By \_\_\_\_\_

Permit Required

Insurance Authorization Code \_\_\_\_\_

Date \_\_\_\_\_ Title \_\_\_\_\_

Fee for Usage \_\_\_\_\_ Payment Received \_\_\_\_\_

Remarks \_\_\_\_\_