TOWN OF COLONIE
General Services Department
Memorial Town Hall
P.O. Box 508
Newtonville, New York   12128
————◆————
Phone (518) 783-2726

Peter G. Crummey
Town Supervisor

Douglas W. Sippel
Director

Public Operations Center
Facility Use Request

Please complete this application and return it to the above address. **Date of Application**_____

Applicant's Name:_____   **Phone No**. _____

Organization Name: _____   **Cellular No.**_____

Address: _____   **E-Mail** _____

City_____ **State**_____ **Zip**_____

Date of Event_____   **Hours Requested**: From _____ To _____

Number of Attendees_____

Description of Activity _____

_____

_____

Facility Requested	Service(s) Requested
☐ Main Meeting Room ☐ Cafeteria Conference Room	☐ Tables ☐ Chairs ☐ Coffee (50 Cup Minimum)

IMPORTANT DIRECTIONS – PLEASE READ CAREFULLY

1. **Complete the above information, review the information below, and sign and date on the last page.** Attach copies of any publicity, advertisement, literature, and/or brochures to be distributed.

2. **Attach the appropriate insurance documentation to this form.**

Your request will not be processed unless you attach the required insurance documentation to this form. Town of Colonie Staff reserve the right to consult with and obtain approval from the Town Attorney's Office regarding insurance coverage before granting a Facility Use Request.

A. INDIVIDUALS: If you are an individual applicant, you must submit a copy of your homeowner, condo or tenant's policy showing a minimum of $300,000 liability coverage. You may satisfy this requirement by submitting the face page of your homeowner, condo or tenant's policy. If you provide a certificate of insurance for other than a homeowner, condo or tenant's policy, the insurance must meet the requirements for Leagues, Organizations, Groups and/or Businesses, as set forth below.

B. LEAGUES, ORGANIZATIONS, GROUPS AND/OR BUSINESSES: If you are making the request on behalf of a league, organization, group and/or business, including a not-for-profit corporation, you must provide a certificate of insurance indicating comprehensive general liability coverage of not less than $1,000,000 each occurrence and $2,000,000 general aggregate naming the "Town of Colonie, 534 Loudon Road, Newtonville, NY 12128" as a Certificate Holder *and* an Additional Insured. The date(s) and location of the event must also be set forth on the insurance certificate.

C. INSTRUCTIONAL RENTAL: All applicants, including individuals, organizations, businesses and groups, using a Town of Colonie facility for the purpose of providing instruction to the public must provide a certificate of insurance indicating comprehensive general liability coverage of not less than $1,000,000 each occurrence and $2,000,000 general aggregate naming the "Town of Colonie, 534 Loudon Road, Newtonville, NY 12128" as a Certificate Holder *and* an Additional Insured. The date(s) and location of the instructional event must also be set forth on the insurance certificate. Having any other person, including a person who will be receiving instruction, complete this form does *not* relieve the instructor from providing the required proof of insurance.

D. FRIENDS GROUPS: Individuals, Not-for-Profit Corporations, Unincorporated Associations, Educational Not-for-Profit Corporations and Groups that are formed solely for the benefit of the Town of Colonie and are formed with the Town's prior consent, are covered under the Town's self-insurance and excess insurance policies and are exempt from the insurance requirements for Facility Use and do not need to provide proof of insurance.

E. STATE AND FEDERAL AGENCIES AND OTHER MUNICIPALITIES: State and federal agencies and other municipalities may satisfy the Facility Use Request Form insurance requirement by providing an indemnification letter. The indemnification letter must:

i. Be on the agency or municipality's letterhead;

ii.   Be addressed to the Town of Colonie;

iii.   Must contain language stating that the agency or municipality is currently self-insured for general liability; and

iv.   State that it is submitted as evidence of the state or federal government or municipality's intent to pay its legal obligations for meritorious general liability claims made against it, and that the municipality will defend and indemnify the Town of Colonie with respect to liability arising out of the event which is listed in the Facility Use Request Form.

3. General Information – PLEASE READ CAREFULLY

- The person signing this form must be present at the event.
- No alcohol allowed unless prior approval is obtained from the Town.
- No inflatable play devices (ex. bouncy bounce) allowed unless prior approval is obtained from the Town.
- Permission to use Town of Colonie facilities does not mean Town of Colonie sponsorship. The person signing this form, whether on behalf of himself/herself or an organization, business, group, etc. assumes personal liability for breakage, destruction or removal of Town property by any persons attending the event, and is responsible for the conduct of participants at the event.
- All rooms, facilities and/or equipment shall be left in good condition. Should the facility not be left in good condition, the person signing this form may be assessed additional charges and will not be allowed to use Town of Colonie facilities in the future.
- Damage to, or littering of, Town of Colonie property will result in revocation of permit.
- Additional charges may be assessed to the person signing this form should the building not be vacated by the time specified in the permit.
- Reservations to use a Town of Colonie facility are accepted on a first come, first served basis. Reservations are not guaranteed. The Town of Colonie reserves the right to cancel any activity or use or to reassign an area.
- The Town of Colonie will not be responsible for any actual or consequential damages caused by the cancellation of the reservation by either party.
- Exclusive use does not extend to common areas such as restrooms and parking areas.
- The person signing this form acknowledges that failure to obtain the required insurance on behalf of the Town of Colonie constitutes a material breach of contract and subjects said person to liability for damages, indemnification and all other legal remedies available to the Town of Colonie. The failure of the Town of Colonie to object to the contents of the policy of insurance or the certificate of insurance, or the applicant's failure to file a policy of insurance or a certificate of insurance shall not be deemed a waiver of the insurance requirement or any and all rights held by the Town of Colonie.
- The person signing this form agrees to indemnify the Town of Colonie for any applicable insurance deductibles.
- Please call 10 business days prior to the date of the event to confirm request. If necessary to cancel and approved event, notify the General Services Department as soon as possible.

I, the undersigned, acknowledge that I am over 21 years of age and that I read and fully understand the above requirements and information about the use of the Town of Colonie facility. I agree, on behalf of myself and any organization, business, group, or other entity named above, to abide by the requirements and regulations of the Town of Colonie and to defend, indemnify and hold the Town of Colonie, its officers, agents, employees and volunteers harmless from and against any and all loss, claims, suits, damages, and/or liabilities, including reasonable attorney's fees, arising out of the approval of my request to use the facility, or the actual use of the facility. I further agree, on behalf of myself and any organization, business, group, or other entity named above, that all claims against the Town of Colonie for any damage or injury arising out of the use of the facility are hereby waived and released. I further agree, on behalf of myself and any organization, business, group, or other entity named above, to abide by all State and Federal laws, the Town Code of the Town of Colonie, and any Rules and Regulations pertaining to the use of certain Town of Colonie facilities.

Signature_____Date _____

Printed Name_____

Title_____

For Department Use Only

Department Action: ☐ Approved ☐ Disapproved
By_____   Insurance Authorization Code: _____
Title_____ Date_____

Fee for Usage:_____   Payment Received: _____
Coffee: _____
Overtime: _____

Remarks _____
_____
_____