

CITY OF STOUGHTON  
BUILDING USE POLICY

This form is to be used by all groups entitled to use the facility listed below for an event that is not a primary City function. Permission for use of the facilities shall be granted not more than 120 days prior to the date requested unless special permission is granted. The City reserves the right to cancel a scheduled use in the event of an anticipated violation of any rule, regulation or law. Any misrepresentation on the application may void any use of the facility.

- \_\_\_\_\_ **Council Chambers, Public Safety Building – contact City Hall Receptionist (873-6677)**
- \_\_\_\_\_ **Hall of Fame, Giles Dow, Ed Overland Room – contact City Hall Receptionist (873-6677)**
- \_\_\_\_\_ **Senior Center Facilities – contact Senior Center Receptionist (873-8585)**
- \_\_\_\_\_ **Library Facilities – Contact the Library Clerical Assistant (873-6281)**
- \_\_\_\_\_ **EMS Facilities – contact EMS Office (873-6500)**

ORGANIZATION: \_\_\_\_\_

ORGANIZATION CONTACT: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: Days: \_\_\_\_\_ Evenings: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DATE OF MEETING: \_\_\_\_\_

Beginning	AM/PM	Ending at	AM/PM
at			

ATTENDANCE – EST. TOTAL \_\_\_\_\_

DESCRIBE PLANNED \_\_\_\_\_

ACTIVITY IN DETAIL: \_\_\_\_\_

**FACILITIES USE AGREEMENT:** The undersigned application agrees to abide by all rules and regulations of the City of Stoughton regarding use of city facilities, to hold harmless and to indemnify the City of Stoughton from any and all claims, losses, damages, actions, causes of action and liabilities of any kind or nature whatsoever which are directly or indirectly related to the use of the facilities described herein by the undersigned and any guests, friends or invitees which result in injury or loss of property to any person using the facilities herein described. My organization/group will be responsible for the repair or replacement of any damages to the facility. My organization/group agrees to comply with the conditions set forth in the City of Stoughton Building Use Policy. My organization/group agrees to meet ADA (Americans with Disabilities Act) requirements and to provide accommodations to access the meeting or program.

Additional Requirements: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_