

Township of South Harrison



Facility Request Form

**South Harrison Township
P.O. Box 113, Harrisonville, NJ 08039**

Date of Request: _____

Date(s) Requested: _____

Time Requested: _____

Name of Individual(s): _____

Sponsoring Organization/Group: _____

Address: _____

Telephone: _____ Email: _____

Facility(s) Requested

*Stewart Park () Large Meeting Room at Municipal Building () *Other ()

*Please specify the areas requested: _____

Nature of activity: _____

Will children be present? Yes () No () Number of Children: _____

Special Requests for equipment (ie: PA, coffee pot, etc.): _____

Proof of insurance may be necessary. South Harrison Township reserves the right to deny facility usage or to request additional information prior to approving facility usage. The Township assumes no liability for loss, damages, or personal injury occurring during the use of Township facilities. All equipment and materials must be left in the same condition as found. Nothing is to be removed from the building or grounds. The Township reserves the right to reschedule or cancel facility usage at its discretion. Any and all alcohol and/or illegal drug use is expressly prohibited on Township property.

Office Use Only

Request Received By: _____ Date: _____

Insurance Cert. Required: Yes () No () Date: _____ Initial: _____

Facility Use Approved: Yes () No () Date: _____ Initial: _____

Acknowledgment Sent: Yes () No () Date: _____ Initial: _____

On Calendar: Yes () No () Date: _____ Initial: _____

Signature of Municipal Clerk/Administrator: _____