



VILLAGE OF WALDEN  
ONE MUNICIPAL SQUARE, WALDEN, NY 12586  
845-778-2177 ext. 1501 PHONE ♦ 845-778-2170 FAX  
[waldenvc@hvc.rr.com](mailto:waldenvc@hvc.rr.com)

**REQUEST FOR RESERVATION FOR:**

**CHECK ONE:** Second Floor Community Room \_\_\_\_\_ (43 Maximum Occupancy)  
Third Floor Bradley Assembly Room \_\_\_\_\_ (300 Maximum Occupancy)

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

Request made by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

Contact Number \_\_\_\_\_ Email: \_\_\_\_\_

To be used by \_\_\_\_\_  
(Name of Person or Organization)

DATE (s): \_\_\_\_\_ TIME: From \_\_\_\_\_ To \_\_\_\_\_

To be used for the purpose of \_\_\_\_\_

\_\_\_\_\_  
(Description of Activity)

The undersigned will be responsible for the above facility, will assume full accountability for damage incurred to Village property and equipment, and will insure that the facility will be in a clean and orderly condition. The user is expected to provide adequate supervision of the activity to avoid damage to public property.

The undersigned assumes responsibility complying with the occupancy requirements of the facility reserved, as well as announcing prior to the commencement of each event, the locations of exits in the event of an emergency.

The undersigned will be responsible to provide a one million dollar liability insurance policy naming the village as additional insured with a ten (10) day cancellation notice.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Village Manager \_\_\_\_\_

-- Copy of this signed request serves as your permit --