



VILLAGE OF WALDEN
ONE MUNICIPAL SQUARE, WALDEN, NY 12586
845-778-2177 ext. 1503 PHONE ♦ 845-778-2170 FAX
mkraus@villageofwalden.org

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 _____

Insurance Certificate
Reviewed & Received by: _____

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