

Town of Fairview

Picnic Shelter Use Application

Mail: 7400 Concord Hwy., Monroe, NC 28110 Phone: 704-753-1981 Email: tgregorius@fairviewnc.gov

Applicant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Reserve Date: ____/____/____ From: ____ am/pm To: ____ am/pm **(4 hour increments)**

Type of Event: (birthday party, family reunion, etc.) _____

FEES: \$50 for 4 hours or \$100 for all day

The applicant acknowledges receipt of the rules and regulations governing the use of all Town facilities and agrees that they will ensure compliance with them while they and their representatives are using Town facilities. The Town of Fairview reserves the right to modify such rules as needed at any time. All applicants are to follow the instructions of the Town and its authorized representatives when utilizing Town facilities.

The applicant understands that they are responsible for all set up and clean up and that this time is included in the four hour (unless otherwise noted) rental time. If using Town furnishings, they must be returned to the original set-up by the applicant at the end of the reservation period.

Applicant assumes responsibility for any and all claims, damage, accidents arising out of his or her use of the facility, and further agrees to indemnify and hold harmless the Town of Fairview from any such actions and damages. The applicant understands and agrees that the Town of Fairview is not responsible for accident, injury or lost or damaged property resulting from the use of occupancy of any Town-owned property.

SIGNED: _____ DATE: _____

(Must be signed by the applicant)

PRINT
NAME: _____

OFFICE USE ONLY

Date Application Received: _____ Permit # Issued: _____

Fee Amount: _____ Cash: _____ Check #: _____