## Town of Fairview Picnic Shelter Use Application

Mail: 7516 Concord Hwy., Monroe, NC 28110	Phone: 704-753	-1981 Email: <u>tgregorius@</u>	Pfairviewnc.gov
Applicant Name:			
Address:	City:	State:	Zip:
Cell Phone:	Email:		
Reserve Date:// Fr	om:	То:	(4 hour increments)
Type of Event: (birthday party, family reunion,	, etc.)		
RENTAL FEES: \$50 for 4 hours or \$10 ****ALL RENTALS REQUIRE A \$50 DEP DEPOSIT WILL BE REFUNDED AFT	OSIT FEE IN ADDI		
The applicant acknowledges receipt of the ru agrees that they will ensure compliance with The Town of Fairview reserves the right to m the instructions of the Town and its authorize	them while they a odify such rules as	nd their representatives are needed at any time. All app	e using Town facilities. blicants are to follow
The applicant understands that they time is included in the four hour (unle furnishings, they must be returned to reservation period.	ess otherwise n	oted) rental time. If us	ing Town
Applicant assumes responsibility for all claim further agrees to indemnify and hold harmle applicant understands and agrees that the To damaged property resulting from the use of	ss the Town of Fair own of Fairview is r	view from any such actions not responsible for accident	and damages. The
		EANED THOROUGHLY FOOD LEFT BEHIND**	***
REFUNDS: There are <b>NO</b> refunds of rental fees	due to inclement w	eather unless the Town has	closed the Park.
SIGNED:(Must be signed by the applicant)		DATE:	

PRINT NAME: \_\_\_\_\_\_

OFFICE USE ONLY						
Date Application Received: _		Permit # Issued:				
Fee Amount:	Cash:	Check #:	Credit Card:	-		