

# Town of Fairview

## Picnic Shelter Use Application

7400 Concord Hwy., Monroe, NC 28110

Phone: 704-753-1981

Fax: 704-753-5240

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 #: \_\_\_\_\_