

CITY OF CARMEL
FACILITY USE REQUEST FORM
Contact Wanda Moran (317) 571-2400 for Filing Instructions
wmoran@carmel.in.gov

Name/Organization: _____

Point of Contact: _____

Address: _____

City, State, Zip: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Fax Number () _____

For Profit Organization: _____ Non-Profit Organization: _____ Individual: _____

Day and Date Requested: _____

Time Requested: _____ a.m./p.m. to: _____ a.m./p.m. (This includes set-up and clean-up time.)

Rehearsal Date: _____ Time: _____ a.m./p.m. to _____ a.m./p.m.

City Facility Requested: Gazebo ___ Fountain Area ___

Caucus Room (1/3) ___ (2/3) ___ Council Chambers ___

Special Requests: Electricity ___ Fountain Restroom ___ Other _____

Purpose: _____ Number of People Expected: _____

Vendors: Yes ___ No ___ (If yes, please attach list of vendor(s) information.)

Other Requests: City Street Closing (Large Events Only) _____

Neighborhood Street Closing (Street(s), Address(es) Blocked) _____

The Carmel Board of Public Works and Safety reserves the right, in its sole discretion, to deny any facility use request and/or revoke any previously granted request to use a City facility for any lawful reason.

Received this _____ day of _____, 200___, by the Office of the Mayor.

Mayor's Office

Revised: 01/07

ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH CITY FACILITY USE POLICY

I have read and understand the City of Carmel, Indiana (“City”) Facility Use Policy and agree to be bound by all the terms and conditions set forth therein.

I will leave the City facility I use in the same condition that it was immediately prior to my use thereof. I agree to pay for any damage, repair or clean-up costs incurred by the City as a result of my use of a City facility.

I hereby certify that I, and the organization I represent, if applicable, agree to be bound by the City’s Facility Use Policy and by any addition conditions or restrictions placed upon my/our use of a City facility by the Board. I understand that the Board has the right to deny or revoke my request for the use of a City facility for any lawful reason, and that the harmless by me and/or my organization from any damages, costs or expenses incurred directly or indirectly as a result of such action.

Please sign below and mail the completed form to the Office of the Mayor, One Civic Square, Carmel, Indiana 46032.

Approved this _____ day of _____, 200__.

CITY OF CARMEL, INDIANA
By and Through its Board of Public Works and Safety

Name of Organization/Applicant

Signature of Authorized Agent/
Applicant

James Brainard, Presiding Officer
Date: _____

Printed Name and Title (If applicable)

Mary Ann Burke, Member
Date: _____

Address of Organization/Applicant

Lori Watson, Member
Date: _____

Date: _____

ATTEST:

Diana L. Cordray, IAMC, Clerk-Treasurer
Date: _____

Special Conditions: _____
