

City of Lawton
 PO Box 275
 Lawton, IA 51030
 712-944-5960

Office Use Only:
 Tara Way \$25
 Friendship Ctr \$30
 Fee Paid

Facility Use Request

Today's date: ____/____/____

Person or Organization : _____ (Name)
 _____ (Address)
 _____ (City,State,Zip)

Contact Person : _____ (Name)
 _____ (Tele #)

Date of event : _____

Describe Event held : _____

Facility to be used : Friendship Center Tara Way Shelter House Other (Circle one)

Insurance Info : _____ (Policyholder)
 _____ (Ins. Company)
 _____ (Policy #)
 _____ (Policy dates)

\$ _____ (Liability Insurance Limit - \$300,000 minimum)

All users of city-owned facilities must provide proof-of-insurance prior to use. The city does not provide insurance coverage for the event. Individuals and/or organizations will be held responsible for any and all injuries or property damages that occur during the event.

Signed: _____ Date: _____

(Responsible Party for event)