City of Lawton

PO Box 275

Lawton, IA 51030

712-944-5960

Office Use Only:

Tara Way $25

Friendship Ctr $50

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)