



Phone: 262-677-4048
Fax: 262-677-4163
Email: clerk@town-jackson.com

Washington County
3146 Division Road
Jackson, WI 53037

TOWN FACILITY USE AGREEMENT

DATE OF USE: _____ TIME OF USE: _____ TO _____
(MULTIPLE DATES - SEE REVERSE SIDE) (MUST INCLUDE SET-UP AND CLEAN UP)

FACILITY/ROOM(S) BEING USED: _____

PURPOSE _____ # of PEOPLE _____

WILL ALCOHOL BE SERVED? Yes ___ No ___ CATERER? Yes ___ No ___

NAME OF CATERER _____
*(CATERER MUST PROVIDE PROOF OF INSURANCE)

USER(S) NAME: _____

MAILING ADDRESS: _____

PHONE #: _____ ALTERNATE PHONE#: _____

E-MAIL: _____

As the User/Users entering into this agreement I/we have received a copy of the Town of Jackson Facility Usage Information Sheet and agree that I fully understand and agree to abide by the terms and conditions listed.

User/User's Signature(s): _____

Date: _____

Rental Fee Paid: \$ _____ Facility Deposit: \$ _____ Key Deposit: \$ _____
Check # _____ Check # _____ Check # _____
Date Paid: _____ Date Paid: _____ Date Paid: _____
Certificate of Insurance received: _____ Date: _____



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TOWN FACILITY USE AGREEMENT MULTIPLE DATES USAGE

DATES OF USE: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOWN HALL TOWN GARAGE PARK PAVILION

(NON-PROFIT, CLUB, OR ASSOCIATION USERS)
MONETARY OR IN-KIND DONATION RECEIVED: _____