

# Town of Hillsdale

## Property and/or venue use request and questionnaire form.

Organizations wishing to use property owned or managed by the Town of Hillsdale for public events are requested to complete this form to be considered.

Please submit to Town Hall.



TOWN OF HILLSDALE  
2609 STATE ROUTE 23  
P.O. BOX 305  
HILLSDALE, NY 12529  
518.325.5073

Please print

Name of Organization : \_\_\_\_\_

Is this a 501c3 \_\_\_\_\_ Non-Profit \_\_\_\_\_ Profit \_\_\_\_\_ Organization?

Please provide tax ID number if a 501c3 or Non-Profit \_\_\_\_\_

List the Town property and/or venue you would like to use \_\_\_\_\_

Date this use would start \_\_\_\_\_ and end \_\_\_\_\_

Time this use would start \_\_\_\_\_ and end \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Contact mailing address \_\_\_\_\_

Contact email address \_\_\_\_\_

Description of the event or what the property will be used for

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach additional pages if more space is needed

Anticipated attendance for this \_\_\_\_\_

Cost to participate and/or attend \_\_\_\_\_

Total amount of liability and personal injury insurance coverage will this have \_\_\_\_\_

Proof of coverage and Cert. of Insurance naming the town will be required. Due to the nature of the event a damage deposit may be requested.

Organization's history in hosting events such as this \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please submit your request 3 months prior to the event giving time for Town Official to review & to seek additional information if needed.**

For town use, Date received \_\_\_\_\_ If damage deposit is being requested how much \_\_\_\_\_ indicate if received \_\_\_\_\_

Town charge for property and/or venue use \_\_\_\_\_ indicate if received \_\_\_\_\_ Name of Town Official reviewing \_\_\_\_\_

Approved \_\_\_\_\_ or Declined \_\_\_\_\_, Reason for decline \_\_\_\_\_