



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.

The Agreement must be completed and deposit and rental fees paid in full before the event will be placed on the calendar.

User/User's Signature(s): _____ Date: _____

OFFICE USE ONLY:

Rental Fee Paid: \$ _____

Check # _____

Date Paid: _____

Certificate of Insurance received (Date): _____

Facility Deposit: \$ _____

Check # _____

Date Paid: _____

Key Deposit: \$ _____

Check # _____

Date Paid: _____



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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: _____