



**OPERATIONS DEPARTMENT
FACILITY PERMIT APPLICATION**

PLEASE PRINT

MAIL TO: Department of Operations Municipality of Clarington 40 Temperance Street Bowmanville, ON L1C 3A6	DELIVER TO: Department of Operations 2320 Taunton Road Hampton, ON L0B 1J0 FAX: 905-263-4433
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PURPOSE OF USE: _____

FACILITY	DATE(S)	TIME(S)	RENTAL RATE

ACCOMMODATION, SPECIAL EQUIPMENT, & PRIVILEGES:

GROUP NAME: _____

CONTACT PERSON: _____
(MUST BE 18 YRS OR OVER)

MAILING ADDRESS: _____

PHONE #: _____

ALTERNATE CONTACT: _____

PHONE #: _____

ESTIMATED ATTENDANCE: _____

The permit holder agrees to be responsible for payment of any applicable rental charge that becomes due to the Municipality of Clarington under this permit. Payment in advance with post dated cheques due before permit date. The permit for facility and rental dates is valid only when an authorized representative of the Operations Department signs the application.

SIGNATURE OF PERSON IN CHARGE: _____

DATE: _____

OPERATIONS DEPARTMENT AUTHORIZATION: _____

DATE ISSUED: _____