Application for Use of City Facilities



(APPLICATION MUST BE SUBMITTED IN PERSON)

Name of Applicant (s)		_		
Name of Group/Organization	Non-Profit#			
Address	City	Zip Code		
Proof of Residency: Driver's License 1	Current Utility Bill Emplo	oyed in Signal Hill		
I certify that I am a resident of Signal Hill a if I am found to be renting the facility for a Initials:Refun	non-resident, the non-resider		my deposit.	
Phone numbers: Cell:	Home:	Email:		
Purpose of event:	Event day and date:	Start time:	End time:	
Discovery Well Park Community Tables and chairs provided Time should reflect setup and clear Discovery Well Park (Residents C □ Picnic Shelter #1 or #2 (circle one Signal Hill Park □ Picnic Shelter #1 #2 #3 #4 □ Amphitheatre □ with electricity □ Spud Field □ Basketball Court (Residents Only)	nup. Please allow a minimum Only) a)	of one hour for cleanup. itheatre *REQUIRES PARKS AND RE umper (choose from approved CREATION COMMMISSION AP *ADDITIONA	CREATION COMMMISSION APPROVAL d vendor list) PROVAL	
Reservoir Park Picnic Shelter	☐ Jumper (choose from	n approved vendor list)		
Hilltop Park (Adults only) Picnic Shelter #1 or #2 (circle	one)	pace (max of 75 people)	Event Request	
EXPECTED ATTENDANCE: Adults Is the public invited? Yes No			s	
APPLICANT VERIFICATION I, the undersigned, on behalf of the above nan the attached indemnification form, and to abid the City of Signal Hill.				
SIGNATURE OF APPLICANT:		DATE	DATE:	