



TOWN OF FAIRHAVEN

40 CENTER STREET
FAIRHAVEN, MA 02719

APPLICANT FOR THE USE OF TOWN HALL AUDITORIUM

Name of Organization _____

Responsible Officer _____ Tel. No. _____

Address _____

Purpose of Use _____

Date Requested _____ Begin Time _____ End Time _____

REQUESTED USE APPROVED TO AVAILABILITY:

Conditions:

Board of Selectmen

Police Chief/Representative

Date

Fire Department Inspection
(if applicable)

Board of Health
(if applicable)

Building Department Inspection
(if applicable)

FEES (To be completed by Selectmen's Office)

Rental Fee x _____ hrs. at \$ _____ hr. = \$ _____

Plus refundable security deposit in the amount of the rental fee = \$ _____

_____ Custodian x _____ hrs. at \$ _____ hr = \$ _____

_____ Police x _____ hrs. at \$ _____ hr = \$ _____

TOTAL FEES = \$ _____

I have received \$ _____ in fees and security deposit for the use of the Town Hall Auditorium on behalf of
Town of Fairhaven from _____
Organization

Date: _____ Signed: _____
For Board of Selectmen

(Security Deposit will be returned after inspection of the premises by the Board of Selectmen or its deigned, less any charge for clean up or repair.)