



**Town of Fairhaven
Massachusetts
Select Board**

40 CENTER STREET
FAIRHAVEN, MA 02719

TEL: (508) 979-4023
FAX: (508) 979-4079
Selectmen@Fairhaven-MA.gov

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:

REQUEST FOR AUDIO / VISUAL TECHNICIAN: YES _____ NO _____

Fee will be \$100.00 (up to three hours). Each additional hour will be charged \$25.00. Additional fee will be charged once additional hour begins. Cash or Check made out to The Town of Fairhaven /Town Cable

Select Board

Police Chief/Representative

Date

Fire Department Inspection

Board of Health

Building Department Inspection

FEES (To be completed by the Office of the Select Board)

Office Use only

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

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

_____ Audio \$100.00 plus x _____ hrs. at \$25.00 /hr. = \$ _____

_____ 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: _____
Select Board

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