



City of Auburn Facility Request Form  
Department of Public Works/Recreation  
24 South Street, Auburn, New York 13021  
Telephone: 315-255-4737  
Fax: 315-252-7688

Print Form

[www.auburnny.gov](http://www.auburnny.gov)

Park/Facility Requested	<input type="text"/>		
Organization Requesting Facility	<input type="text"/>		
Activity	<input type="text"/>		
Date Submitted	<input type="text"/>		
Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
Phone Number	<input type="text"/>	Phone Number	<input type="text"/>
Dates Requested	<input type="text"/>	Times Requested	<input type="text"/>
Dates Requested	<input type="text"/>	Times Requested	<input type="text"/>
Dates Requested	<input type="text"/>	Times Requested	<input type="text"/>

**Organization requesting use of a facility must present valid certificate of insurance to the City of Auburn with the required Insurance coverages and a signed hold harmless agreement. See the separate Hold Harmless and insurance requirements form.**

A fee may be charged. The fee, if any, will be stated below when your request is approved. A deposit may also be required. Any deposit required is nonrefundable unless the event is cancelled by this office.

Please sign this request and return it to the Department of Public Works/Recreation located at Memorial City Hall, 24 South St. If your request is approved, a copy will be returned to you as proof of your reservation and shows you are the person in charge of the facility at the date(s) and hours prescribed. You are exclusively permitted use of the above facility or equipment at the date(s) and hours prescribed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### For office use only

Approved By: \_\_\_\_\_  
Amt. Due: \_\_\_\_\_  
Amt. Pd.: \_\_\_\_\_  
Receipt #: \_\_\_\_\_

Date Approved: \_\_\_\_\_  
Deposit Amt.: \_\_\_\_\_  
Date Paid: \_\_\_\_\_