TOWN OF WINDSOR
523 Ridge Road
Windsor, Maine 04363
207-445-2998

APPLICATION FOR USE OF FACILITY

(Once your application is approved, proof of event insurance is required to receive the building key for event use.)

Name of Organization: _____

Name of Individual: _____

Contact Person Responsible for the Event:

Name: _____ Telephone: _____

Address of Contact Person: _____

Nature of Group/Event: _____

Date of Event: _____

Time Span of Event: _____
(include set-up and clean up time)

Ongoing Event: ☐ Weekly ☐ Monthly ☐ Annually

Type of Space Requested: _____

Number Expected to Attend *(not over 75)* _____

Signature: _____ Date: _____

There are no formal fees for using our building, but donations are appreciated:
Donation Amount Given $_____

Office Use: (Do not complete)

Approval: _____

Key# _____ given to _____

Time _____ By _____

Customer Signature _____

Rev. 01/13/2020