City of West Branch
Use of City Facilities Request Form

******Please read the attached guidelines BEFORE filling out this form******

Today's date: _____

Name & purpose of organization: _____

Does this activity involve fund-raising? _____ Yes _____ No If yes, for what purpose?
_____

_____

Facility needed: _____

Date(s): _____
Starting Date Ending Date Day of Week

Time needed: _____
From To

Please list equipment needed (tables, chairs, broom, garbage cans, technical equipment, etc.)

_____

_____

Do you request a key? _____ Yes _____ No Key Given _____

Fee Paid:_____ Deposit Paid _____

Mailing address & phone number:

_____

Signature of person responsible for care & use of building:

_____

*******By signing this form you are agreeing that you have read the attached guidelines and agree with each as stated. Any damages incurred during the time you are using the facilities may be charged to you and/or your organization, including costs to replace locks on all doors that use key that is checked out.***

Date key will be returned to City Office. _____

Return completed form to: West Branch City Office PO Box 218 110 North Poplar Street West Branch, IA 52358
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FOR CITY OFFICE USE

Approved by _____ Date of Approval _____

Charges for employee time or facility use: _____

_____

Additional Comments: _____