



Phone: 262-677-4048  
Website: townofjacksonwi.gov  
Email: office@townofjacksonwi.gov

Town Hall  
3146 Division Road  
Jackson, WI 53037

## TOWN OF JACKSON FACILITY USE AGREEMENT

DATE OF USE: \_\_\_\_\_ TIME OF USE: \_\_\_\_\_ TO \_\_\_\_\_  
(MULTIPLE DATES - SEE REVERSE SIDE) (MUST INCLUDE SET-UP AND CLEAN UP)

FACILITY/ROOM(S) BEING USED: \_\_\_\_\_

PURPOSE \_\_\_\_\_ # of PEOPLE \_\_\_\_\_

WILL ALCOHOL BE SERVED? Yes \_\_\_ No \_\_\_ CATERER Yes \_\_\_ No \_\_\_

NAME OF CATERER \_\_\_\_\_  
\*(CATERER MUST PROVIDE PROOF OF INSURANCE)

USER/ORGANIZATION NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

As the User(s) entering into this agreement I/we have received a copy of the Town of Jackson Facility Usage Information Sheet and agree that I fully understand and agree to abide by the terms and conditions listed.

The Agreement must be completed, and deposit/rental fees paid in full before the event will be placed on the calendar. Key pick-up is during normal business hours or by appointment.

User(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**OFFICE USE ONLY:**

Rental Fee Paid: \$ \_\_\_\_\_ Security Deposit: \$ \_\_\_\_\_ Key Picked up: \_\_\_\_\_  
Check # \_\_\_\_\_ Check # \_\_\_\_\_ Key Number: \_\_\_\_\_  
Date Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Key Returned: \_\_\_\_\_

Certificate of Insurance if needed received: \_\_\_\_\_ Date: \_\_\_\_\_

Security Deposit  
Security Deposit Returned   
Security Deposit Shredded   
By: \_\_\_\_\_ Date: \_\_\_\_\_



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## TOWN FACILITY USE AGREEMENT MULTIPLE DATES USAGE

**DATES OF USE:** \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- TOWN HALL     TOWN GARAGE     PARK     PAVILION
- NEW CONFERENCE ROOM