

*Kenneth D. Runion*  
Supervisor

*Dennis Moore*  
Director of  
Parks and Recreation

**TOWN OF GUILDERLAND**  
**PARKS AND RECREATION DEPARTMENT**  
181 Route 146  
Altamont, NY 12009  
Ph. 456-3150 Fax 456-3156  
[www.townofguilderland.org](http://www.townofguilderland.org)

**REQUEST FOR USE OF FACILITIES**

RESIDENT IN CHARGE: \_\_\_\_\_

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

FACILITY REQUESTED: \_\_\_\_\_ PAVILION: LARGE – SMALL – MEETING ROOM

OTHER: \_\_\_\_\_ (CIRCLE ONE)

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

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ CELL#: \_\_\_\_\_

EVENT OR PURPOSE: \_\_\_\_\_

NUMBER OF PERSONS EXPECTED: \_\_\_\_\_

RENTAL FEE: \$ \_\_\_\_\_ MAKE CHECKS PAYABLE TO THE "TOWN OF GUILDERLAND." UPON

CANCELLATION FOR PARK REQUEST THERE WILL BE NO REFUND.

SIGNATURE OF PERSON IN CHARGE: \_\_\_\_\_

**OFFICE USE ONLY**

Date Request Received:

Date Approved:

Approved By:

Payment Received:

Method of Payment:

Received By:

SPECIAL CONDITIONS FOR USE: \_\_\_\_\_

**ALCOHOLIC BEVERAGE PERMIT**

PERSON IN CHARGE: \_\_\_\_\_ LICENSE PLATE #: \_\_\_\_\_

MAKE OF CAR: \_\_\_\_\_ YEAR: \_\_\_\_\_

BEVERAGE: WINE: \_\_\_\_\_ BEER: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

PLEASE FILL OUT THE FOUR (4) COPIES AND **RETURN ALL COPIES WITH YOUR CHECK WITHIN 1 WEEK.**

For more information, please contact:  
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