



MUNICIPALITY OF CHATHAM-KENT  
 COMMUNITY DEVELOPMENT & PLANNING SERVICES  
 MUNICIPAL PROPERTIES  
 25 Creek Road, Chatham, ON N7M 5J3  
 519.360.1998

**REQUEST FOR USE OF FACILITIES**

FACILITY (IES) REQUIRED \_\_\_\_\_ DATE(S) REQUIRED \_\_\_\_\_  
 SETUP TIME REQUIRED \_\_\_\_\_  
 REMOVAL TIME REQUIRED \_\_\_\_\_  
 TIME OF ACTUAL EVENT \_\_\_\_\_  
 ORGANIZATION \_\_\_\_\_ TYPE OF EVENT \_\_\_\_\_  
 CONTACT NAME \_\_\_\_\_ PHONE (B) \_\_\_\_\_ (R) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

EQUIPMENT OR SERVICES RENDERED - Please indicate by using a checkmark. The following services are available. Please note those marked with an asterisk (\*) have additional fees levied.

*Parking Attendants _____	*Kitchen Facilities _____	*Piano _____	Podium _____	Canteen _____
*Socan _____ (is music to be part of your event)	*Public Address System _____	*Coolers and Bar Setup _____	*Portable Stage Setup _____	
Tables & Chairs for _____ (number of people attending)	*Paper for Tables _____	*Head Table Risers _____		
*Coatcheck _____ (the recommended ratio of staff per attendance) 1=0-250 2=351-500 3=510-750 4=751 & up				
*Lighted Sign _____ from Monday, _____ to Saturday, _____				
Name of Caterer _____ Security Required Yes No (If yes # required _____)				
Chatham-Kent Police Signature: _____				

PLEASE SPECIFY OTHER EQUIPMENT OR SERVICES REQUIRED: \_\_\_\_\_

**\*All groups, organizations or individuals who are renting or using our facilities for an event MUST have liability and property damage insurance to the extent of (2) two million dollars with the Municipality of Chatham-Kent named an additional insured on the policy. No confirmation of the rental will be issued by the Recreation Facilities Office until certificates have been received and found to be satisfactory to the Municipality's Insurer.**

**I AM AWARE THAT THIS IS A REQUEST AND IS SUBJECT TO APPROVAL AND CONFIRMATION BEFORE IT IS BINDING.**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

DEPOSIT AMOUNT \_\_\_\_\_ DATE: \_\_\_\_\_ CONTRACT NUMBER \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Information Protection and Electronic Documents Act (PIPEDA) and will be used exclusively to administer the programs/facilities of the Municipality of Chatham-Kent.

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\_\_\_\_\_ Please check here if you prefer not to receive mailings, emails, telemarketing, brochures, etc. from us.

In accordance with MFIPPA and PIPEDA.

Inquiries about this collection may be directed to the Freedom of Information Coordinator at 519.360.1998.