

**APPLICATION FOR USE OF THE TOWN OF OSSINING  
POLICE FACILITY MEETING ROOM  
507 North State Road, Briarcliff, NY 10510  
(914) 762-6007 Fax (914) 762-6900**

Applications for use of the Town of Ossining, Police Facility Meeting Room must be filed with the Town of Ossining Clerk's Office at least one month prior to the Date of the Event.

Please make check payable to the Town of Ossining, provide proof of insurance, and proof of eligibility, i.e. , 501 C 3

Date of Event \_\_\_\_\_

Time of Event: From: \_\_\_\_\_ To: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

Name of Responsible Person: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Name of Contact Person: \_\_\_\_\_

Address of Organization: \_\_\_\_\_ Telephone#: \_\_\_\_\_

(Please Read Before Signing)

I, the undersigned, in consideration for permission to use the Police Facility Meeting Room, agree to abide by the fee structure and guidelines furnished to me; and

I, further agree to defend, save, indemnify and hold harmless the Town of Ossining, its employees, and all related officials from liability for any and all loss, damage or injury to persons or property by reason of or arising out of my use of the Meeting Room.

I have read the regulations attached and agree to be bound by them:

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To receive a commitment date, the appropriate fees PAID IN FULL must accompany this application.

Approval \_\_\_\_\_ Disapproval \_\_\_\_\_ Date: \_\_\_\_\_

Rental Fee: \$ \_\_\_\_\_ Per Hour

Total Fee: \$ \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_