



TOWN OF JACKSON

OFFICE OF THE SELECTMEN

APPLICATION FOR USE OF JACKSON OLD LIBRARY

Date of Application: _____

Contact Information

Name: _____ Phone #: (H) _____ (C) _____

Are you a resident of Jackson? _____ Physical Address: _____

Mailing Address: _____

Email: _____

Event Information

Event Description: _____

Date(s) of use: _____ Start Time: _____ End Time: _____

Number of Attendees (25 max. occupancy): _____

Is this a Commercial/For-Profit event (circle)? **YES** / **NO** Will admission/fees be charge (circle)? **YES** / **NO**

If yes, please give details: _____

*** Anticipated Fee (see Guidelines and Fee Schedule For use of Jackson Old Library)**

Signing this form acknowledges that you have read, understood and agree to abide by the Guidelines and Fee Schedule for Use of Jackson Old Library

I hereby understand that I am responsible for any damages that may occur to the building or the grounds during the use of the building. Any damage that I notice prior to use will be recorded on the reverse of this application. Restitution will be made to cover any damages and or cleaning. I have read, understand, and agree to the terms and costs associated with use of the Jackson Old Library.

By signing this APPLICATION FOR USE OF JACKSON OLD LIBRARY, I hereby expressly assume all such risks of injury, loss, or damage arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the Old Library Management Committee, its members, the Town of Jackson or its employees, or by any other cause.

Signature: _____ Date: _____

Please return completed form to:
Town of Jackson, Selectmen's Office,
PO Box 268, 54 Main Street
Jackson, NH 03846

or

email: adminassist@jackson-nh.org

(Form Rev. 5/2019)

