



Founded 1688

Mansfield Township
--County of Burlington--
3135 Route 206 South
Suite 1
Columbus, New Jersey 08022

FACILITY USE APPLICATION

MUNICIPAL COMPLEX
(609) 298-0542 ext 1010
FAX: (609) 298-1863

DATE OF APPLICATION: _____

1. Application and all accompanying documentation must be submitted to the Mansfield Township Clerk **NO LATER** than the second Thursday of the month, so it can be acted upon at the next Mansfield Township Committee Regular Meeting. All applications must be complete or they will not be acted upon for approval by the Committee.
2. All users are required to maintain, in addition to any insurance required by law, Comprehensive Liability Insurance, in an amount of not less than \$1,000,000 per occurrence. All users must provide proof of certification and liability insurance upon submitting application. Mansfield Township must be named as additional insured on the policy. Failure by the township to enforce the required certificate will not void user's obligation to provide the insurance as aforesaid.
3. In addition, by making this application, the user agrees, that should this application be granted, user will indemnify, hold harmless and defend Mansfield Township against any and all demands, claims damages, fees, cost and liabilities of any kind (including but not limited to attorneys' fees) to the fullest extent permitted by law. All users agree to abide by the terms in the policy and regulation guides.
4. Mansfield Township reserves the right to assess and collect damages from any person or organization that violates any rules and/or regulations of the facility or causes damage to any person or property. Person named on this application as Person In Charge is responsible for the conduct of minors.
5. Any extra costs as per schedule below will be borne by the user:
 - a. Custodial fee and/or Janitorial fee
 - b. Extra lighting or sound system use
 - c. Any moving, setup, etc. will be provided by user
 - d. Any damage will be assessed and charges as per cost incurred

Individual Making Request: _____

Name of Organization: _____

Name of Person In Charge: _____

Address: _____

Phone Numbers (Home, Work, Cell): _____

Email: _____

Estimated Number of People to Attend Event: _____

INFORMATION:

- Municipal Facility Requested: _____
- Dates Requested: _____
- Reason (Please indicate if use is for specialized event): _____

- Hours of use: _____
- Will this request require any services of specialized use in #4 above? If so, please specify. Yes _____ No _____

OFFICE USE ONLY

Request Approved Date _____ Conflict: _____ No Conflict _____