

BOROUGH OF LEHIGHTON

PHONE 610-377-4002
FAX 610-377-6638

MUNICIPAL BUILDING, P.O. BOX 29, LEHIGHTON, PA 18235



APPLICATION FOR USE OF PUBLIC PROPERTY

Applicant **MUST** meet with manager or designee not less than 14 Days prior to facility use and present completed application

Applicant **MUST** present Proof of Insurance 7 Days prior to facility use. Insurance Certificate Holder must read as follows:

Borough of Lehigh, P.O. Box 29, Lehigh, PA 18235

PA One calls need to be secured by the event organizer for any items that will penetrate the ground. PA One calls need to remain active for the duration of the event.

DATE: _____

Name of Responsible Party Applying for Rental _____

Group Name _____

Address _____

Phone _____ Cell _____

E-mail _____

Building or Park Requested (Please Circle)

6th & Coal Ballfield

Grove

Trailhead (Pavilion)

Lower Park-Fountain

Upper Park

Amphitheatre

Clyde R. Houser Bldg.

Municipal Building

Baer Memorial Park

Date of Rental: _____ Time: _____

Date of Rental: _____ Time: _____

Date of Rental: _____ Time: _____

Date of Rental: _____ Time: _____

Reason/Purpose for Rental: _____

Special Arrangements/Requests: _____

Approximate size of group attending event: _____

I agree that the members of the organization and/or group which will utilize the property will abide by the rules, regulations, policies and decisions of the Borough of Lehigh. I have read the above and understand. I am responsible to conforming to above use regulations, damages and fees as a result of use of property and guarantee to pay for same. I further agree that the Borough of Lehigh will be named as co-insured under any insurance policy. Further, I shall hold the Borough of Lehigh harmless for any claims or loss as a result of my use of the Borough facilities, including indemnifying said Borough for any loss, costs to defend and attorney's fees as a result of defending any such claim.

Signature of Responsible Party: _____

Date: _____

APPLICATION: _____ Approved _____ Denied Date: _____

Insurance Certificate Received _____

Payment Received _____

Borough Manager _____

Completed by Administrative Office

Payment received: _____

Insurance Cert. received: _____

Copies to: Applicant

Public Works Dept.

Parks & Recreation

Police Dept.

Recreation Director

Fire Police

Light & Power Dept.

Fire Dept.

Other _____