

**CITY OF FRANKFORT  
FACILITY & SERVICE REQUEST**

**Facility or Service Requested:**

<input type="checkbox"/> Mineral Springs Park	<input type="checkbox"/> Pavilion	<input type="checkbox"/> Open Space Park
<input type="checkbox"/> Market Square Park	<input type="checkbox"/> City Hall	<input type="checkbox"/> Cannon Park
<input type="checkbox"/> Lake Mich. Beach Area	<input type="checkbox"/> Other	<input type="checkbox"/> 7th Street Beach

Day(s) & Date(s) Needed \_\_\_\_\_

Preparation will begin at \_\_\_\_\_ (am) (pm) Event will begin at \_\_\_\_\_ (am) (pm)

Event will end at \_\_\_\_\_ (am) (pm)

Name of Organization requesting Facility or Service \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Purpose of Function \_\_\_\_\_

Will admission/collection be levied \_\_\_\_\_ (yes) \_\_\_\_\_ (no) If so, How Much \_\_\_\_\_

For what purpose will the revenue be used \_\_\_\_\_

**Organization Type:**

Community Group  Non-Profit  Other/Explain

**Special Services Required:**

(Brief) \_\_\_\_\_

**The applicant hereby agrees to indemnify and hold harmless the City from any liability for damages to any person or property which may arise from this event. All persons or groups using City Facilities shall be responsible for the proper supervision, control, and accommodation of persons attending this event. The applicant agrees to be responsible for the preservation of order.**

**Prior to the event, the applicant must supply to the City a certificate of insurance with general liability limits of at least \$1 million and with the City of Frankfort named as an additional insured for this particular event (an exception may be made to the \$1 million minimum depending on the nature of the event, see Clerk/Treasurer for more information).**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business \_\_\_\_\_

This request is Approved (Except as noted under "Comments")

This request is Not approved.

Comments \_\_\_\_\_

Date \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Joshua Mills, City Superintendent