

CITY OF MILLERSBURG
4222 NE OLD SALEM ROAD
ALBANY, OR 97321
(541)928-4523
(541)928-8945 (FAX)

MILLERSBURG CITY HALL
FACILITY USE APPLICATION

Today's Date _____ Date of Function _____

Name of Applicant _____

Address _____

Home Phone # _____ Work Phone # _____

Driver's License# _____ Date of Birth _____

Date you want facility _____ (Please Circle) S M T W T F S

Anticipated Attendance _____ Hours Requested _____

PERSON OR PERSONS RESPONSIBLE FOR THIS ACTIVITY

Name _____ Name _____

Address _____ Address _____

Phone # _____ Phone # _____

Describe nature of the activity. (Wedding, Reception, Meeting, etc.) _____

Will alcohol be served? _____

BY SIGNING THIS MILLERSBURG CITY HALL FACILITY USE APPLICATION, THE APPLICANT
AGREES TO "EXHIBIT A" WHICH ARE THE RULES AND RENTAL POLICY WHICH ARE GIVEN
TO EACH APPLICANT.

Signature of Applicant

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Reservation Deposit _____ Refund _____

Gave key to: _____ Date and Check # of Refund _____