



Town of Alberton
PO Box 115/ 607 Railroad Ave.
Alberton, MT 59820
(406) 722-3404/ Fax: (406) 722-3500
Email: townofalberton@blackfoot.net

Facility Use Agreement

Name of Person/Organization: _____

Responsible Party: _____

Phone Number: _____ Email Address: _____

Date(s) of Use: _____

Time Span: _____

Intended Use: _____

I, _____, have read and understand all the conditions of the Facility Use Policy; a copy can be found at www.albertonmontana.com.

Signature: _____ Date: _____

Authorization Granted by: _____ Date: _____

Payment Received

Cash _____

Check _____

Amount _____

Deposit Received

Cash _____

Check _____

Amount _____

Rental Requested

Comm. Cntr. ____

Comm. Cntr. w/Kitchen ____

Park/Gazebo ____