



TOWN OF ALBERTON
Facility Use Agreement
www.albertonmontana.com

Name of Person(s) or Organization _____

Responsible Person(s)

Phone

Date(s) of Use _____

Time Span _____

Intended Use _____

I _____ have received a copy, and have read and understand all the conditions of the Facility Use Policy and Facility Use Agreement.

Signature _____

Date _____

Authorization Granted by _____

Date _____

Payment received

Cash _____

Check _____

Amount _____

Deposit received

Cash _____

Check _____

Amount _____