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NORTON HOUSING AUTHORITY

120 West Main Street

Norton, MA 02766

508-285-3929

APPLICATION FOR USE OF COMMUNITY ROOM SPACE

Name Of Individual/Organization: _____

Address: _____ Phone: _____

Date(s) Requested: _____ Time: _____ to _____

Purpose: _____

Approximate number of people expected: _____

Who will be responsible for Community Room: _____
(such as: *cleaning up after the event, behavior and actions of visitors, etc.*)

The use of **alcoholic beverages and/or drugs** of any kind (other than those to be administered by medical professionals) are expressly prohibited and will lead to automatic revocation of the privilege to use the Community Room in the future.

Signature of Responsible Party _____ Date _____

For Office Use Only:

Approved Not Approved (Reason) _____

A copy of this form has been distributed to the Maintenance Supervisor

Administrative Staff Signature _____ Date _____

Over Please →