

TOWN OF DARIEN
Walworth County, Wisconsin

Application For Use of Darien Town Hall

Requested Date: _____ Time: _____ A.M./P.M. To _____ A.M./P.M.

Purpose of Use: _____

Responsible Person: _____

Address: _____

Telephone: (H) _____ (C) _____

Alternate Responsible: _____

Address: _____

Telephone: (H) _____ (C) _____

I have read and understand and will comply with the attached rules and guidelines. I will hold harmless and indemnify the Town of Darien against any accidents or injuries which occur arising out of the use of the Town Hall.

Signed _____ Date _____

The Town of Darien does not discriminate based on race, creed, sex, disability, or religion.

Return this Application to the:

Town Clerk Marilyn S. Larson, N2826 Foundry Road, Darien, Wisconsin 53114

Phone: 262-882-3393 Fax: 262-882-1174

FOR OFFICAL USE ONLY

Application Accepted: _____

Application Rejected: _____ Date _____

Reason for Rejection:

Reason for Rejection: _____ Date _____