



TOWN HALL
30 MARTIN STREET

ESSEX, MASSACHUSETTS 01929

Senior Center
17 Pickering Street
Essex, Massachusetts 01929

BUILDING APPLICATION

NAME OF ORGANIZATION: _____

RESPONSIBLE INDIVIDUAL: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

DATE REQUESTED: _____

TIME: FROM: _____ TO: _____

SPECIAL EQUIPMENT: _____

We agree to comply with the rules and regulations for public use of the Senior Center and to pay for damage to or loss of Town property arising from our use of the building.

**** PLEASE SIGN BUILDING KEY OUT AT THE ESSEX POLICE AND FIRE DEPARTMENT HEADQUARTERS.**

**** APPLICANT MUST RECEIVE TWO SIGNATURES OF SENIOR CENTER COMMITTEE MEMBERS FOR APPROVAL TO USE BUILDING.**

Signature Date

COMMITTEE USE ONLY

APPROVAL: _____ DATE: _____

_____ DATE: _____

ENTERED ON HOUSE CALENDAR: _____

COMMITTEE MEMBERS INITIALS: _____