

# BOROUGH OF LEHIGHTON

PHONE 610-377-4002  
FAX 610-377-6638

MUNICIPAL BUILDING, P.O. BOX 29, LEHIGHTON, PA 18235



## APPLICATION FOR USE OF PUBLIC PROPERTY

Applicant **MUST** meet with manager or designee not less than 14 Days prior to facility use and present completed application

Applicant **MUST** present Proof of Insurance 7 Days prior to facility use. Insurance Certificate Holder must read as follows:

**Borough of Lehigh, P.O. Box 29, Lehigh, PA 18235**

**\*\*PA One calls need to be secured by the event organizer for any items that will penetrate the ground. PA One calls need to remain active for the duration of the event.\*\***

DATE: \_\_\_\_\_

Name of Responsible Party Applying for Rental \_\_\_\_\_

Group Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Building or Park Requested (Please Circle)

6 <sup>th</sup> & Coal Ballfield	Amphitheatre	Baer Memorial Park
Clyde R. Houser Bldg. (annex)	Grove	Municipal Building
Lower Park (fountain)	Upper Park	Recreation Center
Trailhead (pavilion)		

Date of Rental: \_\_\_\_\_ Time: \_\_\_\_\_

Date of Rental: \_\_\_\_\_ Time: \_\_\_\_\_

Date of Rental: \_\_\_\_\_ Time: \_\_\_\_\_

Date of Rental: \_\_\_\_\_ Time: \_\_\_\_\_

Reason/Purpose for Rental: \_\_\_\_\_

Special Arrangements/Requests: \_\_\_\_\_

Approximate size of group attending event: \_\_\_\_\_

I agree that the members of the organization and/or group which will utilize the property will abide by the rules, regulations, policies and decisions of the Borough of Lehigh. I have read the above and understand. I am responsible to conforming to above use regulations, damages and fees as a result of use of property and guarantee to pay for same. I further agree that the Borough of Lehigh will be named as co-insured under any insurance policy. Further, I shall hold the Borough of Lehigh harmless for any claims or loss as a result of my use of the Borough facilities, including indemnifying said Borough for any loss, costs to defend and attorney's fees as a result of defending any such claim.

Signature of Responsible Party: \_\_\_\_\_  
Date: \_\_\_\_\_

APPLICATION:        Approved        Denied    Date: \_\_\_\_\_

Insurance Certificate Received \_\_\_\_\_

Payment Received \_\_\_\_\_

Borough Manager \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Completed by Administrative Office

Payment received: \_\_\_\_\_

Insurance Cert. received \_\_\_\_\_

Copies to: Applicant                      Police Dept.                      Light & Power Dept.  
                 Public Works Dept.                      Recreation Director                      Fire Dept.  
                 Parks & Recreation                      Other \_\_\_\_\_