Village of Wales
Application for Use of Facilities
129 W. Main Street
P.O. Box 47
Wales, WI 53183
(262) 968-3968

Purpose of Use: _____

Requested Date(s) of Use:_____

Requested Time(s) of Use:_____

Organization or Individual's Name:_____

Name of Person In Charge:_____

Telephone Number: (Home)_____ (Work)_____(Fax)_____

Address:_____
Street/Mailing City Zip Code

If Above Person Cannot Be Reached:_____

Telephone Number: (Home)_____ (Work)_____(Fax)_____

Address:_____
Street/Mailing City Zip Code

I verify the documented information and agree to the Village Ordinances regarding Community Building Usage. (See Back of Page)

_____
Signature of Applicant **Date**

Permit Number_____	**Fee for Use**	**Deposit**	**TOTAL**	**Date of Use**	**Time of Use**	**Estimated Attendance**	**Resident (R) Non-Resident (NR)**	**Issued By (Office Use Only)**
Wales Community Building $80.00 Rental/$100.00 Dep. RENTAL LIMITED TO VILLAGE RESIDENTS ONLY							**Not available to non – residents**	

PLEASE BRING THIS PERMIT WITH YOU

Date Request Received:_____ Date Approved/Denied:_____	Key #____ Issued Dated Issued:_____	Authorized By: _____
Date Building Checked:_____ Checked By:_____	__Okay for Return of Deposit __Not Okay* See Comments	Date Deposit Returned_____ BY:_____

*Reason

_____

_____

_____

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