



# Facility & Equipment Request Form

Please complete all sections and sign page 2

*Please note: If you are filling out this form you are requesting to use City owned property and/or equipment (ex: neighborhood block party, charity event, fun-run or a festival). This is a request ONLY and does not guarantee use of facilities/equipment. Final arrangements and details will be set upon the review and approval of the appropriate City of Nappanee board or designated City official. Based upon specific requests, fees for equipment and labor may apply.*

## CONTACT INFORMATION

Company/Organization Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Organization Type (select one):  Individual  Not-For-Profit  Corporation  LLC/Partnership  Other: \_\_\_\_\_

*Request form must be turned in no later than ten (10) days prior to appropriate board meeting date. Once you turn in your form, we will be contacting you to let you know what board meeting you must attend. Person in charge of event must be in attendance of appropriate board meeting. Please note that meeting dates and times are subject to change and it is your responsibility to verify meetings. For information on other boards and commissions visit [nappanee.org](http://nappanee.org)*

*Board of Works meets the 2nd and 4th Monday of each month at 3:30pm at City Hall  
Parks and Recreation Board meets the 2nd Wednesday of each month at 4:30pm at West Park Pavilion.*

## EVENT INFORMATION

Event Name and/or description: \_\_\_\_\_

Event Period start date & time: \_\_\_\_\_ Event Period end date & time: \_\_\_\_\_

Do you have liability insurance:  Yes  No

## FACILITY REQUEST DETAILS

Facility or General Area: \_\_\_\_\_

Will street/alley/area need to be closed?  Yes  No If yes, closures need to be coordinated with the Street Superintendent.

Closure Description: \_\_\_\_\_

Additional request information or notes: \_\_\_\_\_

*If multiple facilities or areas are needed, please complete a request form for each location.*



**ITEM(S) REQUEST:**

Please list each item and quantity (if applicable) individually:

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Date and location item will be picked up or need delivered? *Please specify method and instructions*

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Date and location item will be returned or need picked up? *Please specify method and instructions*

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Additional request information or notes:

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**CITY DEPARTMENT ASSISTANCE REQUEST:**

Please list specific assistance needed with details:

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Contact Signature

Date

*Please contact Tiffany Salyer, [tsalyer@nappanee.org](mailto:tsalyer@nappanee.org) or Brooklyn Moore, [bmoore@nappanee.org](mailto:bmoore@nappanee.org) if you have any questions.*

*Embrace the Place*

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*Nappanee is an Equal Opportunity Employer*