

**CITY OF EAGLE LAKE
VOLUNTEER OR GROUP
REQUEST FOR USE OF FACILITY OR OTHER SUPPORT**

Names of Volunteer or Group: _____

Volunteer or Group contact person: Name _____

Address _____

Telephone _____

Purpose of Volunteers or Group: _____

Requested Facility or Support: _____

Description of the activity and public purpose to occur with use of facility or support requested: _____

Applicant understands and acknowledges that the City of Eagle Lake, by action of the City Council, may withdraw its approval of facilities or support and may otherwise terminate its approval of facilities or support, at any time without notice. Further the undersigned affirms that each volunteer or group will not receive payment for services rendered.

By: _____

Name: _____

Volunteer or Group Representative

Above Request Approved/Disapproved by City Council on _____

Special Conditions: _____

City of Eagle Lake

By: _____

Name: _____

Title: _____