

Selectmen's Office

29 West Avenue, Essex, CT 06426 or fax to 860-767-8509, Attention: 1st Selectman

Application for Car Wash Event at Town Garage

Please note: Non-school related organizations are required to show proof of insurance to cover a minimum liability of \$1,000,000 for personal injury, unless waived by the First Selectman.

| Date submitted: | |
|--|---------------|
| Organization: | |
| Contact person: | Phone number: |
| Address: | |
| Date(s) requested: | |
| Time of actual event: From | То |
| | |
| | Diversional |
| Person supervising event: | Phone number: |
| | |
| Brief description and purpose of event: | |
| | |
| | |
| Annuariments writing to account involved: | |
| Approximate number of persons involved: | |
| | |
| Special Needs: | |
| | |
| | |
| By signing this form you accept responsibility for the safety of this event and facilities being used. | |
| Signature of Applicant: | |
| For Town Hall Purposes Only: | |
| Director of Public Works Approval: | |
| | |
| Date: | |
| First Selectman Approval: | |
| | |
| Date: | |