



City of Wainwright Facility Use Form

Name of Organization: _____

Home or Business Address: _____

Contact Person: _____ Phone: _____

Facility Requested: _____ Community Center _____ City Office

If you want City Staff to Clean after your use, there will be a \$150.00 fee

Clean on your own ____ City Staff Cleaning ____

Date(s) of Intended Use: _____

Time of Use ____:____[⦿]_⦿AM/PM to ____:____[⦿]_⦿AM/PM

Purpose of Use: (Please describe in detail and if more than one day use please include time each day)

Equipment Needed: (tables, chairs, projector/screen, PA system, etc.)

Printed Name of Applicant _____

Signature and Date _____

Office use only

____ Waived ____ \$50.00/day ____ \$250.00/day
____ \$5 Fee (cash)

Total Due: _____

*City Staff will determine the Facility Use Fee

Facility Approved By: _____

We accept cash, money orders, and checks.
Please note we will add a \$5 fee if paid by cash.

Please make the check/money order payable to:

City of Wainwright
Po Box 09
Wainwright, Alaska 99782