



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)

Equipment Needed:

Printed Name of Applicant _____

Signature and Date _____

Office use only

___ Waived ___ \$50.00 ___ \$250.00

*City Staff will determine the Facility Use Fee

Facility Approved By: _____