

VILLAGE OF BALDWIN
620 WASHINGTON ST.- P.O. BOX 339
BALDWIN, MI 49304
231-745-3587
vobtheresalamb@gmail.com

APPLICATION FOR VILLAGE FACILITIES USE

DIRECTIONS; Complete all pertinent information and return the application to the Village Clerk. You must return application for Approval. Your Application must include the name, address, email and phone number of responsible parties.

1. Applicant Name or Organization _____.

Address: _____ City _____ State ____ Zip _____

Telephone: _____ Email _____

Preferred contact method (approval) _____

2. Type of Use: Event ___ Meeting(s) ___ Other ___

3. Facility Requested: _____.

4. Purpose of facility use: _____

_____.

5. Date(s) _____

6. Time(s) _____

7. Applicant Signature: _____

Printed Name: _____

Approved By: _____ DATE: _____

Comments: