



410 Division Street
P.O. Box 146
Park Falls, WI 54552
Phone (715) 762-2436 • Fax (715)762-2437
www.cityofparkfalls.com

AGREEMENT FOR USING CITY PROPERTY

Name _____

Group (if applicable) _____

Responsible party/contact person _____ Phone _____

email address _____

Items being requested: _____

Location to rent: ___ Fire Hall
 ___ Police Dept. Community Room

Dates _____ Time _____

I fully understand if there is any damage to any of the property, I will be 100% responsible for paying for a replacement that the City will need to purchase.

Signature _____ Date _____

----- Office Use -----

Fee \$35

Approved: ___ Yes ___ No

Signature _____ Date _____