



CITY OF COALINGA FACILITIES REQUEST FORM
155 W. DURIAN
COALINGA, CA. 93210
(559) 935-5912 Fax

Complete form and submit to City of Coalinga, Attn: Mercedes Garcia 155 W Durian Avenue, Coalinga, CA 93210. Request should be made at least **two weeks in advance**.

Date _____

Name of Individual/Organization: _____

Address: _____ Phone: _____

Nature of Event: _____

Anticipated Attendance: _____ Open to Public? Yes ____ No ____

Date of use: _____ Time: _____ to _____

Alcohol Served or Sold? Yes ____ No ____

**IMPORTANT: LIABILITY INSURANCE NAMING THE CITY OF COALINGA AS
“ADDITIONAL INSURED” IN THE AMOUNT OF \$1,000,000 IS REQUIRED!**

Park Fee \$ _____ 0 _____

Electricity Charge \$ _____ (\$15 per hour)

Deposit (if required) \$ _____ 100.00 _____ (refundable cleaning/damage deposit)

Total Amount Due \$ _____

It is agreed that the agents, officers, members and (or) employees of the above user of Frame Park shall be personally responsible for any damage sustained to the Frame Park property or anything belonging or connected to the property. Init. _____

It is agreed that the user, its agents, officers, members and (or) employees shall indemnify and hold harmless the City of Coalinga, their agents, officers, and (or) employees from any and all liability responsibility. Also for any bodily harm which occurred at this event and (or) any damages, loss, cost or expense of any nature whatsoever arising out of the use of Frame Park. Init. _____

It is agreed that user will pick up all trash and dispose of properly. Init. _____

It is agreed that user will not use profanity on loud speaker. Init. _____

AUTHORIZED SIGNATURE: _____ PHONE: _____

For Office Use Only:

The above Organization/Agency is hereby authorized to use the location and dates as listed above:

Mercedes Garcia, Senior Administrative Analyst

Date