

City of Truman Facility Use Request/Reservation

Date of Request: _____

Requested Date of Use: _____

Facility requested:

____: Graff Park Pavilion

____: Rosberg Diamonds

____: Other Facility Listed _____

____: Fee (if applicable)

All users are reminded that they are responsible for the following:

Facilities are to be left clean!

All user will be responsible for any damages!

If City owned bathrooms are not available, then the user will be responsible for ordering and payment of portable bathrooms

Users are required to obey all City ordinances regarding the use of parks/ facilities ie. time restrictions, alcohol consumption.

User contact information:

Name: _____

Address: _____

Phone: _____

For City Use only

Use Approved: _____

Approved by: _____