

COMMUNITY HOUSE USER

July 1, 2011 – June 30, 2012

ORGANIZATION/GROUP: _____

Contact Person: _____

Mailing Address: _____

Email Address: _____

Phone: _____ Cell Phone: _____

MEETING DATES: _____

Please circle day(s) of the week: Mon Tues Wed Thurs Fri Sat Sun

Hours Requested: From _____ To _____

Frequency of Use: () once () weekly () monthly other _____

Name(s) of people who have keys: _____

For Community Services Use

Date Received: _____ () Approved () Denied _____ Initials

Complete and return to Yarmouth Community Services

200 Main Street, Yarmouth, Maine 04096