

**Western Town Library  
PO BOX 247  
9172 Main Street  
Westernville, New York 13486**

**FACILITY USE REQUEST FORM**

**NAME OF RESPONSIBLE PARTY** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE NUMBER(S)** \_\_\_\_\_

**NAME OF GROUP OR ORGANIZATION (if applicable)** \_\_\_\_\_

**DATE AND HOURS OF USE** \_\_\_\_\_

**REASON FOR USE** \_\_\_\_\_

\_\_\_\_\_

**APPROVED BY** \_\_\_\_\_

**DATE**