

City of Colstrip
City Council Chambers Use Application Form

Please refer to City of Colstrip Policies for the Use of City Council Chambers.

Organization Name: _____

Contact Name: _____

Mailing Address: _____

Contact Phone Number: _____

Date(s)/Time(s) Requested: _____

Describe Purpose of Use: _____

Indemnification/Hold Harmless: The user of the City Council Chambers shall indemnify, hold harmless and defend the City of Colstrip against any and all claims at the users own expense arising from their use of the City Council Chambers.

Signed: _____

Reason: _____

DENIED

APPROVED

Printed Name: _____

Signature: _____

Title: _____

Date: _____

