



HAMPSHIRE COUNCIL
OF GOVERNMENTS

REQUEST FOR USE OF COUNCIL PROPERTY

Name: _____

Address: _____

City/State/Zip: _____

Telephone #: _____ Cell #: _____

Specific Nature of Use: _____

Additional Description of Use If Necessary: _____

Length of Use (dates, time): _____

- I/We have enclosed a check for the Application Fee in the amount of \$40 payable to the Hampshire Council of Governments
- I/We have enclosed an insurance rider in the amount of \$1MM naming the Hampshire Council of Governments as an additional insured
- I/We have enclosed a signed Indemnification Agreement
- I/We are a certified non-profit organization or division of the Commonwealth of Massachusetts

Signature

Date

Name (Printed)

Please contact the Administration Office, 413-584-1300 ext. 2, or email lking@hampshirecog.org for questions.

