



Town of Clinton  
54 East Main Street  
Clinton, Connecticut 06413

All groups who use the Andrews Memorial Town Hall facilities for meetings, functions or events shall be required to file this form in the Selectman's Office. In addition, a Certificate of Liability, naming the Town of Clinton as "co-insured", shall be submitted. If you have any questions, please contact this office at (860) 669-9333.

Organization/Business Name: \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Day Telephone #: \_\_\_\_\_

Contact FAX #: \_\_\_\_\_

Contact E-mail Address: \_\_\_\_\_

Billing Contact (if different): \_\_\_\_\_

Billing Telephone #: \_\_\_\_\_

Billing FAX #: \_\_\_\_\_

Billing E-mail Address: \_\_\_\_\_

Is this a non-profit organization?  Yes  No