

## REQUEST FOR USE OF WHITE OAK HERITAGE HILL PARK PAVILION



name / Address of	individual or group:	
		Contact person phone number:
Reason for use (pa	arty, baby shower, etc.)	
Use of pavilion req	uested for <b>Date</b> :	
Resident:	\$25.00 Rental fee	Proof of residency required.
Non-Resident:	\$50.00 Rental fee	Residency verified by:
	box key. must be removed from the pa alcoholic beverages are perm	ivilion and placed in the dumpsters. itted in the park area.
You and your g	/ID-19 pandemic these ad Juests must follow all gui	ditional restrictions apply. delines issued by the CDC, PA ity Health Department at the time al.
Rental fee of \$25.0	<b>0 or \$50.00</b> and Security d	eposit of <b>\$50.00</b> received by:
Date:	Cash:	Check #:
Facility inspected by		Date
Security deposit returned to		Date
Key # for el	ectrical box received by	Date
Key # for ele	ectrical box returned to	Date