

Town of Gardnerville Building Use Application

Group/Organization:	
Group Representative:	
Phone:	Email:
Group/Organization Address:	
City, State, Zip:	
Date of Event:Hours from: (include set up and clean up in hours of us	to: # of People:
Gardnerville Station, 1395 US Highway 3	95 N, Gardnerville NV 89410:
I have read and agree to the terms and Failure to abide by this agreement will r understand that the Town of Gardnervi accidents, injuries, loss, or damages arist building being used.	
Signature	Date
Attach, fax or bring to the office insurance certifi	cate naming Town of Gardnerville as additional insured.
Office Use Only:	
Deposit Paid:	Date and Check #:
Usage Fee:	Date and Check #:
Deposit Refund Amount:	Date:
Insurance Provider:	
Email: togville@douglasnv.us Fax: 775-	782-7134 mail: 1407 Highway 395 N Gardnerville, NV 89410