

# PARK SQUARE / MOORE'S LAKE REQUEST FORM

DATE FORM COMPLETED: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

PARK REQUESTED: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_

TIME REQUESTED: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

DATE FEE PAID: \_\_\_\_\_

**THERE IS A NON-REFUNDABLE FEE OF FIFTY (\$50) FOR THE USE OF THE  
PARK.**

**I (WE) AGREE TO ABIDE BY THE ATTACHED RULES AND REGULATIONS.**

\_\_\_\_\_  
SIGNATURE

APPROVAL: \_\_\_\_\_  
CHIEF CLIFF ENGEL

DATE: \_\_\_\_\_