

## **APPLICATION FOR USE OF ALPENA COUNTY PROPERTY/EQUIPMENT**

After you have completed this form, please return it to: Alpena County Board of Commissioners office, either by mail at 720 W. Chisholm Street, Suite #7, Alpena, MI 49707, or email at [commissionersoffice@alpenacounty.org](mailto:commissionersoffice@alpenacounty.org). If you have questions, please contact Mary Catherine Hannah, Alpena County Administrator, at 989-354-9500 or email her at [commissionersoffice@alpenacounty.org](mailto:commissionersoffice@alpenacounty.org).

**This form must be accompanied by a cover letter explaining request.**

Today's Date: \_\_\_\_\_

Date(s) of use: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Name of group using county property/equipment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person responsible: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Type of event: \_\_\_\_\_

Number in Attendance/Expected Attendance: \_\_\_\_\_

Specific county property/equipment requested to use: \_\_\_\_\_  
\_\_\_\_\_ Value\$ \_\_\_\_\_

Location Name: \_\_\_\_\_ Location Address: \_\_\_\_\_

Any Temporary Structures? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Any Parking or Traffic Flow Considerations? \_\_\_\_\_

Liability insurance naming Alpena County as an "additional insured" may be required in the amount of \$1 million for the event. Please provide a copy of insurance if required.

I have read the Rules for Use of County Grounds and I understand that County grounds and facilities will be left in a clean and neat condition after use. I agree to pay for any damage that may occur to the property/equipment during our use.

\_\_\_\_\_, (Value of damage will be assessed by the County)

Date Signed

Signature of Responsible Party: \_\_\_\_\_ Printed: \_\_\_\_\_

\*\*\*\*\*

\*\*FOR COUNTY USE ONLY\*\*

Date Received: \_\_\_\_\_ Deposit (if required) \_\_\_\_\_ Insurance Certificate \_\_\_\_\_

Approved by Department Head Name: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by County Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

updated 04.19.23 llb