

**REQUEST FOR USE OF  
PARK FACILITIES**  
201 West Sierra Avenue, Cotati CA 94931 (707)792-4600 Fax: (707)795-7067



Name of Organization: \_\_\_\_\_

Applicant serving as representative: \_\_\_\_\_

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

Street City State Zip Code

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ Arrival/Completion Time: \_\_\_\_\_

Estimated Attendees: \_\_\_\_\_ Tax ID # (if Non-Profit): \_\_\_\_\_

INTENDED USE OF PARK: \_\_\_\_\_

**PARK REQUESTED:**

_____ La Plaza Park	_____ Kotate Park
_____ Draper Park	_____ Falletti Park
_____ Putnam Park	_____ Veterans Park

Alcoholic Beverages served: Yes _____ Sold _____	Food served: Yes _____ Sold _____
Street Closure Requested: Yes _____ No _____	Park Closure Requested: Yes _____ No _____
Animals: _____	Electricity Needed: Yes _____ No _____
Inflatable Jump House: Yes _____ No _____	Pony Rides: Yes _____ No _____

(See Policy for insurance requirements)

*Use of the above facilities may be pre-empted if City business so requires.*

As an applicant for use of City of Cotati facilities, I hereby agree to assume all risks for loss, damage, liability, injury, cost or any expense that may arise during or be caused in any way by use or occupancy of any area or facility of the City of Cotati. I further agree that in consideration of being permitted to use said facility, I will hold the City of Cotati, its officials and employees free and harmless from any loss, liabilities, damages, and/or injuries to persons and property occurring during applicant's use or public liability insurance as stated in "facility use and reservation policy" with the City of Cotati named as additional insured to be submitted no later than one month prior to the rental date. I have read the rules and regulations of rental carefully and agree to them as written. **I understand that applications not submitted thirty (30) days prior to event may not be able to be processed.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Additional Conditions and/or Comments: \_\_\_\_\_

Date Insurance Certificate Rec'd: \_\_\_\_\_

Park Use Fee: _____	Deposit Received: _____	Deposit Returned: _____
001 0100 42214	001 0100 20063	

Security Contract Received: \_\_\_\_\_

City Manager's Office Police Department

Group Classification: Cotati Resident  Non - Resident