## **Moffatt Township Park Pavilion Rental Request**

Name:			
Driver's License:			
Home Address:			
City:	St:	Zip:	
Phone:	Additional Pho	one:	
Date(s) of Use:			
By signing below, I (we) assume r	responsibility for all necessary % payment upon booking. I (w	return your security deposit if no damages  v insurances, reimbursement to the towns  ve) inspect and agree with the condition o	hip for
Signed:			
Date:			
Comments:			

Please make check or money order payable to **Moffatt Township.** 

Payment & form can be given in person at the clerk's office on Mondays or sent to:

Moffatt Township Clerk PO Box 58 Alger, MI 48610

For more info call: 989-836-2452

\*\*\* Please note that the calendar in the clerk's office is the official calendar with your reservation once your reservation is confirmed after payment. The online calendar may experience delays until updated. \*\*\*