

**YATES TOWNSHIP OFFICES**  
**Telephone Number 231-145-3940**  
**6437 S Nelson Rd, Idlewild, MI 49642**

**Directions:** Complete all pertinent information and return to Yates Township Offices for approval.

1) Application on behalf of \_\_\_\_\_  
(Name of Organization)

For use to \_\_\_\_\_ with \_\_\_\_\_ people attending.  
(Specify Portion of Building)

2) Purpose of (Describe Fully) \_\_\_\_\_  
\_\_\_\_\_

3) (a) For a SINGLE MEETING: Date \_\_\_\_\_ Hours \_\_\_\_\_ to \_\_\_\_\_  
(b) For A SERIES OF MEETINGS: Days of Week \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_  
Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
(Date of 1<sup>st</sup> meeting) (Date of last meeting)

4) Acting on behalf of the above named organization, the undersigned being eighteen (18) years of age or over, agrees that he/she will be responsible to Yates Township Offices for the use and care of the Township property. He/she further agrees to leave the building in the same condition in which he/she found it and all breakage occurring during the time of this application.

Acting on behalf of the above organization, I hereby certify that this organization does not discriminate against persons on the basis of race, religion, color or national origin.

\_\_\_\_\_  
Signature of Person in Charge

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State and Zip

**NOT TO BE FILLED IN BY APPLICATION**

Date received \_\_\_\_\_ Charge \$ \_\_\_\_\_ Custodian Charge \$ \_\_\_\_\_ Total Charge \$ \_\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_

Date Beginning \_\_\_\_\_ Date Ending \_\_\_\_\_ Hours \_\_\_\_\_ to \_\_\_\_\_

**APPROVED BY:**

\_\_\_\_\_  
Yates Township Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Yates Township Officer

\_\_\_\_\_  
Dated